

105000020068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

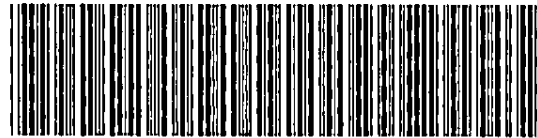
(Business Entity Name)

(Document Number)

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STATE OF CALIFORNIA  
FALL 2018

2018 NOV 13 PM 2:56

FILED

Amend / CC CCIS

NOV 28 2018

ALBRITTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** G&G Auto Sales, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Craig H. Edgecumbe

\_\_\_\_\_  
Name of Person

The Edgecumbe Law Firm

\_\_\_\_\_  
Firm/Company

2780 Skypark Dr., Suite 325

\_\_\_\_\_  
Address

Torrance, CA 90505

\_\_\_\_\_  
City/State and Zip Code

craig@edgecumbelaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig H. Edgecumbe

310

784-2512

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

G&G Auto Sales, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2018 NOV 13 PM 2:56  
FILED

The Articles of Organization for this Limited Liability Company were filed on 2/28/2005 and assigned  
Florida document number L05000020068.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

14004 Roosevelt Blvd., Suite 614F

(Principal office address MUST BE A STREET ADDRESS)

Clearwater, FL 33762

Enter new mailing address, if applicable:

14004 Roosevelt Blvd., Suite 614F

(Mailing address MAY BE A POST OFFICE BOX)

Clearwater, FL 33762

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Gabrielius Garmus

New Registered Office Address:

14004 Roosevelt Blvd., Suite 614F

*Enter Florida street address*

Clearwater

*City*

, Florida 33762

*Zip Code*

**ew Registered Agent's Signature, if changing Registered Agent:**

*hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the  
visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and  
cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is  
ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability  
npany has been notified in writing of this change.*

  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Gabrielius Garmus	14004 Roosevelt Blvd., Suite 614F Clearwater, FL 33762	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 2018

Gabrielius Garmus

Typed or printed name of signee