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SECRETARY OF STATE
TALL AHASSEF FLOBIN

J. BRYAN

DEC 2 2 2009

EXAMINER

COVER LETTER

	ration Section n of Corporations	
SUBJECT:	G Motors LLC	
30000011	Name of Limited Liability Company	
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	Susan Garces	
	Name of Person	
	G motors LLC	
	Firm/Company	ī5s o
	9 DE	
	Address	09 DEC 21 SECRETAR'S
	Port Orange/Florida 32127	
	City/State and Zip Code	PH 2: 0
	s_garces@hotmail.com E-mail address: (to be used for future annual report notification)	: 07
For further infor	mation concerning this matter, please call:	Þ
i or runner mior.	20 Committee of the com	
	Susan Garces at (386) 852-8793	
	Name of Person Area Code & Daytime Telephone Number	
Enclosed is a che	eck for the following amount:	
\$25.00 Filing	(additional copy is enclosed) Certified	e of Status &
Evolution force	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Clifton Building	
wir i gromffri in fil Tirk	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G m	otors LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appea ted Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on	5/15/2008	and assigned
Florida document numberL08000048759			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	re:	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compa	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			FALL SE
(Principal office address MUST BE A STREET ADDRES.	<u></u>		
Enter new mailing address, if applicable:			2 PH :
(Mailing address MAY BE A POST OFFICE BOX)			TATE ORIDA
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	F.,	nter Florida street ad	duana
	En		uress
	City	, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Rafael A Garces	5904 Riverside Dr. Port Orange, Fl. 32127	Add Remove
			Add Remove
			Add Remove
•			Add Remove
	<u></u> .		Add Remove
 			Add Remove
D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	FILE O9 DEC 21 I SECRETARY O
		,	PH 2: 07 PF STATE A
— Dated <u>/2 -</u>	-18 -09 ,,	·	
	•	r authorized representative of a member	
	Typed or	printed name of signee	· · · · · · · · · · · · · · · · · · ·

Page 2 of 2

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