

L14000124239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

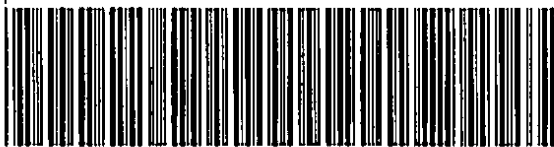
(Business Entity Name)

(Document Number)

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JUL 26 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GMW AUTO TRANSPORT, 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:

STUART A. TELLER, ESQ.

Name of Person

STUART A. TELLER, P.A.

Firm/Company

7320 GRIFFIN ROAD, STE 216

Address

DAVIE, FL 33314

City/State and Zip Code

STUART@TELLERLAWOFFICE.COM

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

For further information concerning this matter, please call:

STUART A. TELLER, ESQ

954

327-3383

at ( )  
Area Code

Daytime Telephone Number

Name of Person

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

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TALLAHASSEE, FL

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

GMW AUTO TRANSPORT, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/07/2014 and assigned  
Florida document number L14000124239.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

2500 PARK VIEW DRIVE, APT 914

HALLANDALE BEACH, FL 33009

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

STUART A. TELLER, P.A.

New Registered Office Address:

7320 GRIFFIN ROAD, STE 216

Enter Florida street address

DAVIE

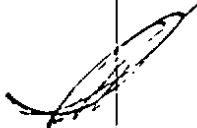
Florida 33314

City

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 605, 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 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	GERALD BRAUSER	2705 BURRIS ROAD	<input type="checkbox"/> Add
		DAVIE, FLORIDA 33314	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	STEVEN BRAUSER	2705 BURRIS ROAD	<input type="checkbox"/> Add
		DAVIE, FLORIDA 33314	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WILLIAM HOFFER	2500 PARK VIEW DRIVE	<input checked="" type="checkbox"/> Add
		APT 914	<input type="checkbox"/> Remove
		HALLANDALE BEACH, FL 3330	<input type="checkbox"/> Change
AMBR	PAUL HOFFER	379 LAKE VIEW DRIVE, Apt 204	<input checked="" type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **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 JULY 18, 2017

William H. Hite  
Signature of a member or authorized

Signature of a member or authorized representative of a member

WILLIAM HOFFER

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

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