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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	<u> </u>
(Ci	ty/State/Zip/Phone	e #)
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COVER'LETTER

TO: Registration So Division of Con	ection porations	υ	
	EAR AUTOMOTIVE		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	MAILLE M CROISSY		
		Name of Person	
	5TH GEAR AUTOMOTIV	νE	
		Firm/Company	
	15064 SW 52 ST		
		Address	
	MIRAMAR FLORIDA 330	027	
		City/State and Zip Code	 _
	MICHAEL, CROISSY@GM	IAIL.COM o be used for future annual report notific	
For further information c	oncerning this matter, please ca	·	cation)
MAILLE MIKE CROIS	f Person	561 400-6028 at () Area Code Daytime	Telephone Number
Name o	reison	Area Code Daytime	reteptione Number
Enclosed is a check for the	ne 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

5TH GEAR AUTOMOTIVE		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our reco ida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Florida document number <u>L15000161771</u>	Company were filed on SEPT 23, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ad Name of New Registered Agent: New Registered Office Address:	istered office address on our record	
		florida
New Registered Agent's Signature, if changing Register	City	Zip Code
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change	t and agree to act in this capacity. I fictory of the complete performance of my duties, as agent as provided for in Chapter 605, red office address, I hereby confirm the	and I am familiar with and F.S.Or. If this document is

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>	Type of Action
MGR	JOSE REYES	5041 SW 150 AVE MIRAMAR, F	■ Add
			■ Remove
			☐ Change
MGR	JOSE FREITES		□ Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
		ASSET, FLORIDA	29 Add
		Ö.	T Change

amending any other information,	enter change(s) here: (Attach additional sh	neeis, ij necessary.)
		·····
		-
ective date, if other than the date	of filing: SEPTEMBER 23, 2015	(optional)
te: If the date inserted in this block de	pecific and cannot be prior to date of filing or more than ones not meet the applicable statutory filing requi	90 days after filing.) Pursuant to 605.020
cument's effective date on the Departr	nent of State's records.	
record specifies a delayed effe he 90th day after the record i	ective date, but not an effective time, a s filed.	at 12:01 a.m. on the earlier o
OCTOBER 21,	2015	•
D. la.	The Toll Known	<i>A</i>
Signa	ture of a member or authorized representative of a me	· · · · · · · · · · · · · · · · · · ·
MAILLE MIKE CROISSY		3. S 3.
	Typed or printed name of signee	% R
	Page 3 of 3	LO37 6:

Filing Fee: \$25.00