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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	G AWA C Name of Limi	HANGAR LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	<u>G</u> ER	ARD W. THOMAS Name of Person	
	G AMA	C HANGAR LLC Firm/Company	<u>~</u>
	1523	ANCHOR CT. Address	<del></del>
	ORLAND	O FL 32804 City/State and Zip Code	
	Spop E-mail address: (i	TFLYER 5 DC GMAIL, o be used for future annual report noti	COM lication)
For further information co	oncerning this matter, please ca	ill:	
GE RAND Name o	W. THOMAS  FPerson	at (407) 754 Area Code Daytim	- 4697 : Telephone Number
Englosed is a check for th	e 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 ARTICLES OF ORGANIZATION **OF**

	GAR LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company	were filed on 01/22/2016 and assigned
Florida document number <u>L 1600016106</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ήCA
	27.
	. <u>*</u>
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address here	# £
	•
Name of New Registered Agent:	
New Registered Office Address: 1523	ANCHOR CT.  Enter Florida street address
ORLA	ND 0 . Florida 32804
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	Name	Address	Type of Action
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e 90th day after t	the record is file	<b>1</b> .				
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Filing Fee: \$25.00