

LIL 0000 22855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900286364899

06/01/16--01008--018 **25.00

17.150
16 JUN -1 AM 7:37
RECEIVED
ALL INFORMATION GRADA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GP Elite Motors 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:

Patrick Corignolo
Name of Person

GP Elite Motors LLC
Firm/Company

2180 Andrea Ln Unit 8
Address

Fort Myers FL 33912
City/State and Zip Code

gpelitemotors@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Corignolo
Name of Person

at (239)
Area Code

738 2721
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**

GP Elite Motors 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 02/02/2016 and assigned Florida document number L16000022855.

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)

2180 Andrea Ln Unit 8
Fort Myers FL 33912

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2180 Andrea Ln Unit 8
Fort Myers FL 33912

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:

Giovanni Corignolo

New Registered Office Address:

2180 Andrea Ln Unit 8

Enter Florida street address

Fort Myers, Florida 33912
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	Giovanni Corignolo	4082 wilmont PL	<input type="checkbox"/> Add
		Fort Myers FL 33916	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Patrick Corignolo	4082 wilmont PL	<input type="checkbox"/> Add
		Fort Myers FL 33916	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 JUN - 1 AM 7:37
CLERK/CLY OF STATE
TALLAHASSEE, FLORIDA

16 JUN - 1 AM 7:37
DEPT. OF STATE
WASHINGTON, D.C.
100

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____, _____.

Signature of a member or authorized representative of a member

Patrick Corignola
name of signee

Typed or printed name of signee