LI6000 277/3

(F	Requestor's Name)	
(Ā	Address)	
(A)	\ddress)	
(0	City/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Nam	ne)
(0	Ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

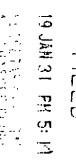
Office Use Only



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, COVER LETTÉR

TO: Registration Sec Division of Corp		•		
	GN PARTS LLC	;		
SUBJECT:	Name of Limite	rd Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.		
Please return all correspor	dence concerning this matter to	the following:		
	VIOREL GABRIEL BRUTAR	U		
		Name of Person		
	2050 N ANDREWS AVE, ST	Firm/Company E#106		
	POMPANO BEACH, FL 3300	Address 69	<u>-</u>	
	NFO@GNSYSTEMSINC.CO		V	ļ
		be used for future annual report	notification)	
For further information co	ncerning this matter, please cal	l:		
VIOREL G BRUTARU	i	707 000-307	'5	į
Name of	Person	at () Area Code Da	ytime Telephone Number	
Enclosed is a check for the	e following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

MAILING ADDRESS: 1 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

GN PARTS LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000027713	were filed on 02/09/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
GN INNOVATE LLC		/
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2050 N ANDREWS AVE STE#105	
(Principal office address MUST BE A STREET ADDRESS)	POMPANO BEACH, FL 00369	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		The name of the ne
į	Î	į
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
- 112	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 AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
	;		Change
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	•		□ Remove
			☐ Remove
			Change
			Add
			Remove

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E. Effective date, if other than the (If an effective date is listed, the date mus <u>Note</u> : If the date insected in this ble document's effective date on the De	ock does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605,0207 (3)(filing requirements, this date will not be listed as the
If the record specifies a delayed (b) The 90th day after the reco		ive time, at 12:01 a.m. on the earlier of:
JANUARY 28 Dated	2019	
	Signature of a member or authorized represen	itative of a member
	/-	maine of a thember
VIOREL GABRIÉL BF	KUTARU	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00