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## **COVER LETTER**

TO;	Registration Sec Division of Corp				s, ' <b>%</b> i • •.
SUBJI	ECT:	Go Auto	World	LLC nited Liability Company	
			Name of Lin	nited Liability Company	· <del>-</del>
The en	closed Articles of A	mendment and	fee(s) are sub	omitted for filing.	
Please	return all correspon	dence concerni	ng this matter	to the following:	
			Steven	A. White	
				Name of Person	
			Go Au	Firm/Company	<del></del>
			160 NE	187th St Address	
				Florida 35 City/State and Zip Code	5179
				Idusa Q gmail com (to be used for future annual report notif	
For fu	rther information co	ncerning this m	atter, please o	call:	
	Steven A.	nhite		at (305) 733 · U	315
	Name of	rerson		Area Code Daytime	: Telephone Number
Enclos	sed is a check for the	following amo	unt:		
<b>vz</b> \$2	5.00 Filing Fee		ng Fee & e of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is encl-

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

Go Auto World LL	C	
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 8/17/2016	and assigned
Florida document number <u>L16(xxx154(xx5</u> .		
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 L	ciability 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	<u> </u>	
		SE
Enter new mailing address, if applicable:	160 NE 187th ST	160 V
Mailing address MAY BE A POST OFFICE BOX)	Migmi Garden FL	33 79
		2 P2 C2
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		nter the name of the n
tegistered agent and/or the new registered office address	nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	Zip Code

## New Registered Agent's Signature, it 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>	Address	Type of Action
MGR	Steven A. White	I CO NE 187th ST	Add
		Miami Gardens FL 33179	Remove
			<b>☑</b> Change
AMBR	Nichelle L. White	ILO NE 187th ST	
		Miami Gardens FL 33179	Remove
			Change
			Remove
		~	
			N N N N N N N N N N N N N N N N N N N
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Please 1	add the	middle	initials	to	both	names	(MGR	/ AME	$\mathbb{R}$
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		Signature of a m	ember or autho	rized rep	resentative	of a member			

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Filing Fee: \$25.00