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COVER LETTER

| TC | D: Registration S Division of Co | | | |
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| C 13 | BJECT: | GLOBAL A | UTO ENTERPRISE LLC | |
| 30 | DJECT. | Name of Lim | ited Liability Company | |
| Th | e enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Ple | ease return all corresp | ondence concerning this matter | to the following: | |
| | | | ANTHONY JONAS | |
| | | | Name of Person | ··· |
| | | GLOB | AL AUTO ENTERPRISE LLC | |
| | | | Firm/Company | |
| | | 471 SOU | TH FLAGLER AVENUE , UNIT 70 |) |
| | | | Address | |
| | | POI | MPONO BEACH , FL. 33060 | |
| | | | City/State and Zip Code | |
| | | | NAS.ANTHONY001@GMAIL.CO | |
| | | E-mail address: (| to be used for future annual report notifi | cation) |
| Fo | r further information | concerning this matter, please ca | all: | |
| | ANTHO | NY JONAS | 954 997-3958 at () | |
| | Name | of Person | | Telephone Number |
| En | closed 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 Fiting 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

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11 GLOBAL AUTO ENTERPRISE LLC (Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MAY 24, 2017 and assigned Florida document number _L17000115135 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." 471 SOUTH FLAGLER AVENUE, UNIT 70 Enter new principal offices address, if applicable: POMPANO BEACH, FLORIDA, 33060 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new

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:

| | , Florid | da |
|--------------------------------|------------------------------|----|
| New Registered Office Address: | Enter Florida street address | |
| Name of New Registered Agent: | | , |

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 amend or remov | If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: | | | |
|----------------------|---|-------------------------------------|---|----------------|
| | Manager - Authorized Member | Address SECRETARY OF Type of Action | | |
| <u>Title</u> | <u>Name</u> | Address | SECRETARY OF STATE TALLAHASSEE. FLORIDA | Type of Action |
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| Effortive data if other than the | doto of Clima. |
| If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De | date of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ock does not meet the applicable statutory filing requirements, this date will not be listed as to partment of State's records. |
| he record specifies a delayed The 90th day after the reco | effective date, but not an effective time, at 12:01 a.m. on the earlier of: ord is filed. |
| JUNE 26 Dated_ | 2017 |
| | $\frac{1}{\sqrt{1+1}}$ |
| f. | tulloup - |
| | Signature of a member or authorized representative of a member |
| | ANTHONY JONAS |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00