L17000148595

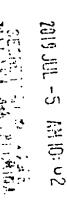
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COVER LETTER

Division of Corp	porations		
	UTO TRADING LLC		
SUBJECT:	Name of Limite	d Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submi	itted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	MARIO FERREIRAS		
		Name of Person	
	GLOBAL AUTO TRADING L	LC	
		Firm/Company	
	900 W LANDSTREET RD		
		Address	_ _
	ORLANDO FL 32824		
	GLOBALAUTOTRADING74@	City/State and Zip Code GMAIL.COM	
	E-mail address: (to	be used for future annual report notif	ication)
For further information of	oncerning this matter, please cal	! :	
MARIO FERREIRAS		321 440-8692	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section

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

GLOBAL AUTO TRADING LLC			
(<u>Name of the Limite</u>	d Liability Company as it now ap A Florida Limited Liability Compar	nears on our records.)	
The Articles of Organization for this Limited Lia Florida document number L17000148595	ability Company were filed on	07/11/207	and assign
This amendment is submitted to amend the follo	wina:		
A. If amending name, enter the new name of	the limited liability company	<u>y here</u> :	
			
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," (he designation "LLC" or the a	bbreviation "L.I.,C
Enter new principal offices address, if applica	ıble:	 	
(Principal office address MUST BE A STREE	T ADDRESS)		
			at . 20
Enter new mailing address, if applicable:			2019 JUIL
(Mailing address MAY BE A POST OFFICE I	<u> </u>		
			<u> </u>
B. If amending the registered agent and/		•	7
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address fice address here:	on our records, enter	44.4
registered agent and/or the new registered of	ne dates, nere.		
Name of New Registered Agent:			·
New Registered Office Address:	Enter	r Florida street address	
		, Florida	
	City	1 101104 _	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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 beit or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of A
MGRM	RAFAEL PAULINO		
<u> </u>			Remov
			Change
			Remov
			Remove
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Effect	ive date, if other than the date of filing:
(If an ef: Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filmg.) Fursuant to If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
docum	nent's effective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the early of the record is filed.
) ine	e 90th day after the record is filed.
ъ. 1	9/1/2019
Dated	<u> </u>
	Signature of a member of authorized representative of a member
	RAFAEL PAULINO
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00