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COVER LETTER

O: Registration Section Division of Corporations
SUBJECT: GTI Auto Sale 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:
Harry Tono Tucker Name of Person
GTI Auto Sales LLC Firm/Company
855 Charlotte St
Long Wood F1 32750 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Harry Todd Tucker at (407) 4860 - 4769 Name of Person Area Code Daytime Telephone Number
Inclosed is a check for the following amount:
3 \$25.00 Filing Fee

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

GTI Auto Sale L	-C.
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company values document number <u>L17000185128</u> .	were filed on Mugust 26,2017 and assigned
his amendment is submitted to amend the following:	
i. If amending name, enter the new name of the limited liabile GTI AUTO Sales LLC he new name must be distinguishable and contain the words "Limited Liability".	-
nter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable: <u>[ailing address MAY BE A POST OFFICE BOX]</u>	
If amending the registered agent and/or registered offic ristered agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, <u>enter the name of the new</u>
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and vitte obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany 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> Type of Action _□ Add _□ Remove _ Change _□ Add ☐ Remove ☐ Change _□ Add <u>ي</u>□ Remove 7 OC Thanks _D'Add受 . . _□ Remove _□ Change _□ Add □ Remove ☐ Change □ Remove _□ Change

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Filing Fee: \$25.00