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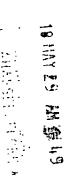
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## **COVER LETTER**

TO: Registration S Division of Co			
GLOBAL SUBJECT:	AUTOMOTIVE & FINANCE	LLC	
AUBIECT.	Name of Lin	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ELIZABETH DUVAL		
		Name of Person	<del></del>
	GLOBAL AUTOMOTIVI	E & FINANCE LLC	
		Firm/Company	
	11378 SW 11TH CT		
	<del></del>	Address	
	DAVIE, FL 33325		
		City/State and Zip Code	<u></u>
	office@hollywoodcarsande		
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
ELIZABETH DUVAL		954 981-8380 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Tallabassee, 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 AUTOMOTIVE & FINANCE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company vibration document number $\frac{L18000004321}{L18000004321}$ .	vere filed on 01/05/2018	_ and assigned
This amendment is submitted to amend the following:		
A. If awending name, enter the new name of the limited liabil		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbre	viation M.L.C."
Enter new principal offices address, if applicable:	<u> </u>	7 <b>(</b> ) ( )
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	, , , , , , , , , , , , , , , , , , , ,
	<u> </u>	***
Enter new mailing address, if applicable:		表 5
••		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:		name of the new
	Enter Florida street address	
	. Florida	
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am fam vovided for in Chapter 605, F.S. Or, if t	iliar with and his document is

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
AMBR	CHRISTOPHER ETEMAD	11378 SW 11TH CT	<b>■</b> Add
		DAVIE. FL, 33325	<b>5</b> h
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			Remove
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ective date, if other than the date of filing:			(opti	mal)		
reffective date is listed, the date must be specific and cannot be r	prior to date of	filing or more tha	in 90 days after	filing.) Purs	uant to 60:	5.020
<u>te:</u> If the date inserted in this block does not meet the apparent's effective date on the Department of State's reco		nory ming requ	irements, uni	date win	not be itsi	ica a
record specifies a delayed effective date, but	not an eff	ective time,	at 12:01 a	.m. on t	he earli	ier (
he 90th day after the record is filed.						
sed 05/18 . 201	0					
red 05/12 . 201	8 )uVn	4				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00