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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ISAMAR TORRES Account Number : 120200000137 : (786)660-0108

Fax Number : (305)503-7123

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. onestopsolutionsfl@gmail.com

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GBM MOTORS, LLC.

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September 16, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

GBM MOTORS, LLC. 540 DE SOTO DR MIAMI SPRINGS, FL 33166

SUBJECT: GBM MOTORS, LLC.

REF: L18000014392

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

FAX Aud. #: H20000319540 Letter Number: 820A00017645

COVER LETTER

H20000319540 3

TO: Registration Sec Division of Corp				
GBM MOT	ORS, LLC.			
SUBJECT:	Name of Limi	ted Liability Company		
(9) Salan of Validon of	Amendment and fee(s) are subt	minort for filing		
Please return all correspor	ndence concerning this matter (to the following.		
	ARTURO GONZALEZ			
		Name of Person		
		Arturo Gonzalez Firm (Ampan)		
	2300 NW 27TH AVE	Firm Company		
	2500 NW 27111 AV C	Address		
	MIAMI, FLORIDA, 3314			~
		City/State and Zip Code		435 02 150 SEP
		to be used for future annual report notifi	cation)	ांचे हुन्। १०० हिन्
Particular information of	n-mail address: () oncerning this matter, please of			() ()
	oncerning this matter, prease of	786 8325442		
JESSICA MORALES		at ()	Telephone Number	<u> </u>
Name o	r Person	Area Code Daytime	Telephone Admice	.1.
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
<u>MailingAddres</u> Registration		StreetAddress: Registration Sec		
Division of C P.O. Box 632	lorporations	Division of Сод The Centre of T		
Tallahassee.			Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

H200003195403

GBM MOTORS, LLC			
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited L. Florida document number L18000014392	iability Company	were filed on 01/16/2018	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2300 NW 27TH AVE	,
		MIAMI, FLORIDA, 33142	20
			<u> </u>
Enter new mailing address, if applicable:		2300 NW 27TH AVE	22 52.00
(Mailing address MAY BE A POST OFFICE	MIANG ELOPHDA 33147		
many makes gare			
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	ess here:	address on our records, enter the r	name of the new registered
	2300 NW 27T	II AVE	
New Registered Office Address:		Enter Florida street address	
	MIAMI	, Florida	33142
		City	Zip Code
New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agr ner and complete sistered agent as registered office	ree to act in this capacity. I further performance of my duties, and L provided for in Chapter 605, F.S.	am familiar with and Or, if this document is
	1. C.1	Jessica A. Moral	as P.

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 H20000319540.3

<u>Title</u>	Name	Address	Type of Action
MGR	JESSICA A. MORALES	2300 NW 27TH AVE	Add
		MIAMI, FLORIDA 33142	Remove
			□ Change
AMBR	GONZALEZ, ARTURO	540 DE SOTO DR	
		MIAMI SPRINGS, FL 33166	≅Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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Effectiv	e date, if other than the d	ate of filing:	(optional) ate of filing or more than 90 days after filing.) Pr	orseast to 605.0207
Note: 1	f the date inserted in this bloc	k does not meet the applicable	statutory filing requirements, this date wi	Il not be listed as
docume	nt's effective date on the Dep	artment of State's records.		
the record cord is file		date, but not an effective time,	at 12:01 a m on the earlier of: (b). The s	Inth day ofter the
Dated _	SEPTEMBER 14.	2020		
			1	
	<u>_</u>	Artivo Go ignature of a member of authorize	nzalez ex cprsspraire of a member	
		·		
	ARTURO GONZALEZ			

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