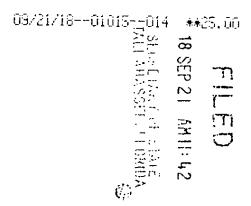
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SEP 22 2018 T SCHROEDER

COVER LETTER

Truck Stop SUBJECT:	LLC		
-	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Dave Danzak, CPA		
	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing, return all correspondence concerning this matter to the following: Dave Danzak. CPA		
	Dave Danzak CPA, LLC		
	70 Hemlock St	Firm/Company	
	Stratford, CT 06615	Address	
	- -	•	
			fication)
	concerning this matter, please ca		
Dave Danzak, CPA	of Person	at (u Talanhana Number
Name	ot i cison	Area Code 12ayun	e retepitote statiste
Enclosed is a check for t	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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose

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

Truck Stop LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited I	nv as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited L. Clorida document number L18000156333	iability Company	were filed on $\frac{6/26/2018}{}$	and assigned
his amendment is submitted to amend the following	lowing:		
a. If amending name, enter the new name o	of the limited liab	ility company here:	
Good Guys Motors, LLC			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		648 E Union St	
Principal office address MUST BE A STREI		Jacksonville, FL 32206	5 18 5 5 5 6 7 7 8 7 8 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9
			A PA TO
			21
Enter new mailing address, if applicable:		70 Hemlock St	7 > M
Mailing address MAY BE A POST OFFICE	BOX)	Stratford, CT 06615	
			2 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -
			4/1 >
 If amending the registered agent and registered agent and/or the new registered or 			cords, enter the name of the
Name of New Registered Agent:	Benjamin Hugh	nlett	
New Registered Office Address:	648 E Union St		
		Enter Florida street	
	Jacksonville		_, Florida 32206
		City	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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCD - Managar	
MGR = Manager	
AMBR = Authorized Member	
ANIDA - Authorized significi	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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reco	ord specifies a 90th day after	delayed effec the record is	tive date, b filed.	ut not an effec	tive time, at 12:0	01 a.m. on th	ie earli	er c
ted S	September 17		2018	·				
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ileu _	-5	Signatu	re of a member	or authorized represe	entative of a member			

Page 3 of 3

Filing Fee: \$25.00