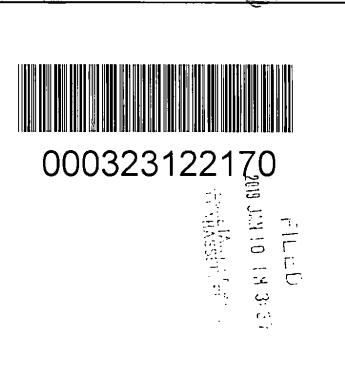
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Governme	nt Auto Direct, LLC				
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		Gerald Hart				
	Name of Person					
	Government Auto Direct, LLC					
	Firm/Company					
	1626 Capital Circle NE Unit 1					
	Address					
	Tallahassee, Fl 32308					
	City/State and Zip Code governmentauto@gmail.com					
	•	to be used for future annual report noti				
For further information of	oncerning this matter, please ca	all:				
Gerald Hart		at 850 933 6 ⁻	145			
Name c	of Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for the	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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	on			

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Government Auto Direct, LLC

(Name of the Limited Liab	bility Company as it now appearida Limited Liability Company)	rs on our records.)		
(A Floi	rida Limited Liability Company)		. 192	
The Articles of Organization for this Limited Liability	Company were filed on	12/26/2018	and assigned	
Florida document number <u>L1900000538</u>	<u>3</u>		and assigned	
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the li	mited liability company h	<u>ere</u> :	် <u>ယ</u> က	
The new name must be distinguishable and contain the words "I	include in the Common "the	decision of LC" as the a	hhandatan W. I. C.	
The new name must be distinguishable and contain the words. I	линей главину Сопрану, чис с	designation LLC of the a	poreviation E.T.C.	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
			-	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or re-		our records, <u>enter</u>	the name of the ne	
registered agent and/or the new registered office a	ddress here:			
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Flo	orida street address		
		.		
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Register	•			
I hereby accept the appointment as registered age	nt and agree to act in this	capacity. I further as	gree to comply with the	

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:

MGR = Manager AMBR = Authorized Member Address **Type of Action Title** Name 815 Voncile AVE Tallahassee, FL_32303 Demetriøus Branca MGR ☐ Remove _□ Change ☐ Add □ Remove ☐ Change ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change _D Add ☐ Remove _□ Change _□ Add ☐ Remove

☐ Change

. Įf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessa	ry.)
		<u> </u>
		
		
Effor	01/04/19 ive date, if other than the date of filing:(optional	`
(If an el Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date nent's effective date on the Department of State's records.	g.) Pursuant to 605,0207 (2
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed.	on the earlier of:
Dated	January 4th 2019	APPEND TA
	Signature of a member or authorized representative of a member	<u> </u>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00