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COVER LETTER

TO:	Registration Sec Division of Corp					
CUDIE		RT & EXPORT LLC				
SUBJE	.01:	Name of Limi	ted Liability Company			
The en	closed Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please	return all correspor	ndence concerning this matter t	to the following:			
		ALEX D. SIRULNIK				
		,	Name of Person			
ALEX D. SIRULNIK, P.A.						
			Firm/Company			
2199 PONCE DE LEON BOULEVARD, SUITE 301						
			Address			
		CORAL GABLES, FL 331	34			
			City/State and Zip Code	_ _		
		ADS@SIRULNIKLAW.CC		 _		
		E-mail address: (1	o be used for future annual report notifi	ication)		
For fur	ther information co	ncerning this matter, please ca	ll:			
ALEX	D. SIRULNIK		305 443-7211 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclose	ed is a check for the	e following amount:				
■ \$2:	5.00 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)		

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

GTO IMPORT & EXPORT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/18/2019 and assigned Florida document number ______L19000020690 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GTO IMPORT EXPORT LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _ City 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective date is listed, the date must be	te of filing: specific and cannot be prior to date of filing or me does not meet the applicable statutory filing trument of State's records.	optional) ore than 90 days after filing.) Pursuant to g g requirements, this date will not be l	605.0207 isted as
e record specifies a delayed et The 90th day after the record	ffective date, but not an effective to lis filed.	ime, at 12:01 a.m. on the ear	rlier of
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