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(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor		46 ,-	•	1.	
SUBJECT: 👟 🕒	GP MoTorc	AS LLC	• ·		
	Nume of Bill	inco billomy 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:			
	PET	Name of Person Firm/Company		-	
	_ GP Mo.	TOYCAS UC		_	
	3800 Oaks 6	Yuh House Dr 1006 Address		2022 SEC TA	
				1022 NOV -8 PM 1:0 SECRETARY OF STATE	
	X Into against	City/State and Zip Code Of CILST. COM to be used for future annual report notifi	cation)	8 PN 1:01	
For further information c	concerning this matter, please ca			'	
<u>Peter</u>	J. Goecne	at (904) 315- Area Code Daytine	6534 Telephone Number		
		·	·		
Enclosed is a check for the \$25,00 Filing Fee	-	□ \$55.00 tillion \$55.8.	□ \$60.00 Fi	Hara Day	
1225.00 rining rec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificat Certified	ite of Status &	
Mailing Address		Street Address:	·:		
Registration (Division of C		Registration Sec Division of Corp			
P.O. Box 632	•	The Centre of Ta			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company) (A Florida Limited Liability Company)	v as it now appears on our records.)
•	
The Articles of Organization for this Limited Liability Company w	vere filed on MACH 6, 2019 and assigned
Florida document number <u>L1900056373</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ding name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company." the designation "LLC." or the abbreviation "LLC." principal offices address, if applicable: Office address MUST BE A STREET ADDRESS) mailing address, if applicable: Idress MAY BE A POST OFFICE BOX)
the state of the s	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	200 5.5
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	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Enter now mailing address, if applicable	
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STAILING MATERS SIZE BE A LOST OF FICE DOX	LA
B. If amending the registered agent and/or registered office ad	ldress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
10.7	er J. Greene
Name of New Registered Agent: [Q 14	-1 O. Greene
New Registered Office Address:	Enter Florida street address
	vnier v toriaa sirget aaaress
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	<i>5.,,</i> c.x.c
	and the state of t
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	
eccept the obligations of my position as registered agent as pr	ovided for in Chapter 605, F.S. Or, if this document is
reing filed to merely reflect a change in the registered office a ompany has been notified in writing of this change.	ddress, I hereby confirm that the limited liability

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 Type of Action **Address** <u>Name</u> Title MGR Peter J. Greene III 380 Cak's Children or 100 Bupin Bed Remove _____ □Change Remove _ □Change \square Add 2022ttOy □Remove _____ Change

		
		
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ocument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time,	at 12:01 a.m. on the earlier of: (b). T	he 90th day after t
is filed.	ar (2.07 a.m. on the carrier of: (0)	ne som day uner d
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Signature of a member or authorize	d representative of a member	