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(Re	questor's Name)	
(Ad	dress)	
•	,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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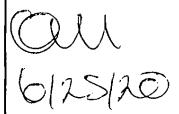
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2020 JUN -5 AM 7: 48
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06/05/20--01007 -014 **25.00



COVER LETTER

Division of Cor			•			
-	• GLD MO	OTOR SUPPLY, LLC	•			
SUBJECT:	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:				
		LUIGI DIAZ				
		Name of Person				
	GLD MOTOR SUPPLY, LLC					
Firm/Company						
		6500 NW 2ND STREET				
		Address	<u> </u>			
		MIAMI, FL 33126				
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code				
	E-mail address: (to be used for future annual report no	tification)			
for further information of	oncerning this matter, please c	all:				
UIGI DIAZ		786 267-1979				
Name o	f Person		ne Telephone Number			
losed is a check for the	he following amount:					
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres		Street Address: Registration Se	ection			
Division of C	Corporations	Division of Co				
P.O. Box 632		The Centre of				
Tallahassee,	rル 3Z314	2415 N. Monro	oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2020 JUN -5 AH 7: 48

GLD MOTO	R SUPPLY, LLC	Donner C.	
ited Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	CEATASSEE, I Luin,	
Liability Compan	y were filed on 04/08/2019	and assigned	
llowing:			
of the limited lia	bility company here:		
words "Limited Liab	ility Company," the designation "	'LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
ET ADDRESS)			
	N/A		
Ε <i>ΒΟ</i> Χ)			
ess here:	address on our records, <u>er</u>	iter the name of the new register	
- IN/A			
N/A			
	Enter Florida street aa	ldress	
	Florida		
	•	Zip Code	
	-		
per and complete gistered agent as	e performance of my duties provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is	
	Liability Company (A Florida Limited Liability Company Liability Company Blowing: of the limited liab words "Limited Liab icable: ET ADDRESS) registered office ess here: N/A N/A N/A Registered Agent red agent and agent per and complete gistered agent as exercistered office ered served office existered office	N/A Registered Agent: Registered agent and agree to act in this capacity, per and complete performance of my duties at registered agent as provided for in Chapter 6 aregistered office address, I hereby confirm	

If Changing Registered Agent, Signature of New Registered Agent

11 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
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N/A				
				
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Effective date, if other than the	late of filing:		(ontional)	
Effective date, if other than the off an effective date is listed, the date must	be specific and cannot be prior to d	ate of filing or more than 9	days after filing.) Pursuant to 6	605.0207
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable	statutory filing require	ments, this date will not be I	isted as t
	satisfiest of place 3 records.			
record specifies a delayed effective	data but not an affactive time	o. 13:01 o m. oab	allow of the The Ook does no	G1
is filed.	date, our not an effective time,	at 12.01 a.m. on the ea	mer of; (b) The 90th day a	iter the
JUNE 01 ted	2020			
	,			
	Luigi Diaz			
	Signature of a member or authorize	d representative of a mem	per	
	LUIGI E	1147		

. . .

Filing Fee: \$25.00