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## **COVER LETTER**

	Registration Sec Division of Corp			
CLID ICA	GXA Motor	rs LLC		
SUBJEC	1:	Name of Limi	ted Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please ret	urn all correspor	ndence concerning this matter t	o the following:	
		Xyohiva M Arguello		
			Name of Person	
		GXA Motors LLC		
			Firm/Company	
		134 NE 19th Avenue		
		· · · · · · · · · · · · · · · · · · ·	Address	<del></del>
		Cape Coral, FL 33909		
		<u> </u>	City/State and Zip Code	
		xiohiva@comcast.net		
		E-mail address: (t	o be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	dl:	
Xyohiva	M. Arguello		239 464-5446 at ()	Telephone Number
•	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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

13/1/30 GXA Motors 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 Aug. 12, 20019 and assigned Florida document number 1.19000204653 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 2102 Beacon Manor Drive (Principal office address MUST BE A STREET ADDRESS) Fort Myers, FL 33907 Enter new mailing address, if applicable: 134 NE 19th Avenue (Mailing address MAY BE A POST OFFICE BOX) Cape Coral, FL 33909 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

## 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.

City

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
MGR	Xyohiva M Arguello	134 NE 19th Ave. Cape Coral, FL 33909	Add
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E. Effective date, if other than the (If an effective date is listed, the date in	ne date of filing:	(optiona	l)
(If an effective date is listed, the date m Note: If the date inserted in this bedocument's effective date on the	block does not meet the applicable s	; of filing or more than 90 days after film tatutory filing requirements, this dat	g.) Pursuant to 605.0207 (. e will not be listed as the
f the record specifies a delaye b) The 90th day after the re	ed effective date, but not an ecord is filed.	effective time, at 12:01 a.m	. on the earlier of:
September 9th  Dated	2019		
120100	<u></u>		

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Filing Fee: \$25.00