119000204653

(Re	equestor's Name)	
(Ad	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
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JAM 1 O 2020 C INCHAIR

COVER LETTER

TO: Registration Sec Division of Corp		•	
GXA MOT	ORS LLC		50
SUBJECT:	Name of Limi	ted Liability Company	19 DEC -5
The analogue Articles of	Amendment and fee(s) are sub	nitted for filing	ن م
riease return an correspo	ndence concerning this matter	to the following.	
	XYOHIVA M. ARGUELI	.0	
		Name of Person	
	GXA MOTORS LLC		
		Firm/Company	
	134 N.E. 19TH AVENUE		
	 	Address	
	CAPE CORAL, FL 33909		
		City/State and Zip Code	
	xiohiva@comcast.net	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca		,
	_	239 464-5446	
XYOHIVA M. ARGUE	f Person		e Telephone Number
Name o	it i cisoti	, aca code Tray in	• • • • • • • • • • • • • • • • • • • •
Enclosed is a check for the	he following amount:		
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration i Division of C	Section	Street Address: Registration Sed Division of Cor	
P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GXA MOTORS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company florida document number L19000204653	were filed on AUG. 12, 2019 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	sility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	134 N.E. 19TH AVENUE		
(Principal office address MUST BE A STREET ADDRESS)	CAPE CORAL, FL 33909		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	134 N.E. 19TH AVENUE		
	CAPE CORAL, FL 33909		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City Zip Code		

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Note: If the	ate, if other than the date is listed, the date muse date inserted in this bl effective date on the D	ock does not me	et the applicable	late of filing or more the statutory filing rec	(optional) nan 90 days after filing.) juirements, this date	Pursuant to 605.0207 will not be listed as
	specifies a delayed h day after the rec		ate, but not a	n effective time	e, at 12:01 a.m. o	on the earlier of
\mathcal{L}_{Dated}	mc. 2	,	2019			
	Doc. 2 Argus	500				
_	year	Signature of a m	ember or authoriz	ed representative of a	member	
	• -	ingilation in a til		•		

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Filing Fee: \$25.00