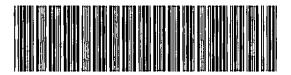
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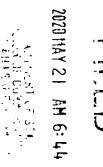
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	—
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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JUN 10 2020 S. YOUNG

TO: Registration Se Division of Cor			
SUBJECT:	GULLY SIDE	AUTO LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JERMA	Name of Person	
		DE AUTO LLC Firm/Company	
		IN DR. S. E.	
	ST. PETERSBU	RG FL 33705 City/State and Zip Code	
		a hoo. Com (to be used for future annual report notific	
For further information c	oncerning this matter, please of	alt:	
JERMAINE	RAYMOND	at (727) 492 -	3642
Name o	n rerson	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25,00 Filing Fee	▼\$30,00 Filing Fee & Centificate 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		Street Address: Registration Sect	tion
Division of C	Corporations	Division of Corp	orations
P.O. Box 632 Tallahassee,		The Centre of Ta 2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

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GULLY SIDE AL	JTO LL(.	i i
(Name of the Limited Liability Comp (A Florida Limited	anv as it now appears on our records.) Liability Company)	A-477 2
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000116745</u> .	y were filed on <u>04 - 30 - 20</u>	20 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
NA		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
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 registered
Name of New Registered Agent:	la	
New Registered Office Address:		
	in the designation "L.C." or the abbreviation "L.L. NA Finter Florida street address Florida	
	Florid	a Zip Code
	an)	THE THERE

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	JERMAINE RAYMOND	3616 SEMBOBIN DR. S.E.	DAdd
		ST. PETE. FL. 33705	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
<u>_</u>			□Add
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ective	date, if other than the date of filing:	: ควกว
te: If t	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	ed as
ument	s effective date on the Department of State's records.	
cord s	occifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
s filed.		
	т в	
ted	05 - 19 . 2020	
	· · ·	
	Jenneir Ramo	
	Signature of a member of authorized representative of a member	
	JERMAINE RAIMOND Typed or printed name of signee	