120000 159836

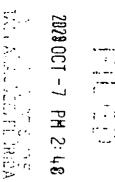
(Requestor's Name)	
(Address)	
(Address)	-
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
ertified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	
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Office Use Only



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US 11/15/20

COVER LETTER

Registration Section

Division of Cor	porations		
BJECT: GT	Automotive C	27 OUP LL	
	Name of Emi	ned Emonity Company	
e enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ase return all correspo	ndence concerning this matter	to the following:	
	Gidge	Name of Person	
	_ GT Au	tomotive. Groces	LIC
	1206 F	Babby Cane	2973 OCT -7
	Panama gidget DI	City FL 3240 City State and Zip Code 789 ma. 1. CCA to be used for future annual report notif	
or further information c	oncerning this matter, please co		(cation)
Si furtier information e			
Name o	DCKSON	at (SSO) 257 Area Code Daytime	3144 Telephone Number
inclosed is a check for th			
□ \$25,00 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 Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Con The Centre of T	porations
Tallahassee, l		· -	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GT Automotive Group 2	
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.) any)
e Articles of Organization for this Limited Liability Company were filed or rida document number <u>L 2000 159836</u> .	and assigned
s amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability compan	<u>v here</u> :
new name must be distinguishable and contain the words "Limited Liability Company."	the designation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	<u> </u>
incipal office address MUST BE A STREET ADDRESS)	22
	<u>a</u>
ter new mailing address, if applicable:	
ailing address MAY BE A POST OFFICE BOX)	
	2
	चित्रः 😇
If amending the registered agent and/or registered office address on o ant and/or the new registered office address here:	ur records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter	r Florida street address
	Florida
City	Zip Code

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ging filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

imending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager 4BR = Authorized Member

t <u>le</u>	<u>Name</u>	Address	Type of Action
KR	Teddie Jackson	1206Babby Lone	
		Panama City FL 324	04 DiRemove
			□Change
4GR	Teddie Eckson JR	1206 Babby Cane	Add
		1206 Babby Cane Panama City Fl 324	A L □ Remove
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tive date, if other than the date of filing:	/	(A? 1)	
ffective date is listed, the date must be specific and cannot be prior to date	of filing or more than 90	(optional) days after filing	.) Pursuant to 605.0
: If the date inserted in this block does not meet the applicable s	tatutory filing requirer	nents, this date	will not be listed
ment's effective date on the Department of State's records.			
	. 10.01	3: & /LX - 7°L	00sb. d a Gam
ord specifies a delayed effective date, but not an effective time, a filed.	(12:01 a.m. on the ear	nieror: (b) ir	ie 90th day after
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- /			
10/1/20			
10/1/20			
Dat lacken			
d /b/s/2-D Signature of a member or authorized	representative of a memb	per	

Filing Fee: \$25.00