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COVER LETTER

Division of Corporations Gawa Global Auto Transport, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Galyna Vovchuk Name of Person Gawa Global Auto Transport, LLC Firm/Company 217 S Goldenrod Rd Address Orlando, Florida 32807 City/State and Zip Code info@gawaglobal.com E-mail address: (to be used for future annual report no-tification) For further information concerning this matter, please call: Galvna Vovchuk 609-1952 Dayti me Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Curified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed Street Address: **Mailing Address:** Registration :- Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration (-Section Division of Corporations The Centre of Tallahassee 2415 N. Monitoe Street, Suite 810 Tallahassee, F-L 32303

TO:

Registration Section

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Gawa Auto Global Transport, LLC

(Name of the Limited Liability Company as it now appears on a our records.)
(A Florida Limited Liability Company) and assigned 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our reco-rds, enter the name of the new res agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen being filed to merely reflect a change in the registered office address. I hereby aconfirm that the limital liability company has been notified in writing of this change.

City.

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

MGR = Manager AMBR = Authorized Member

<u>Tîtle</u>	<u>Name</u>	Address	Type of Actio
AMBR	Wael Mohammed Abdel Al	4000 Atrium Dr	
		Orlando, Florida 32822	
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blaceument's effective date on the D	ock does not :	meet the appl	icable statutory	g or more than'y filing require	(option 00 days after file: ements, this d	ing.) Pursuant to 6	605.02 isted
he record specifies a delayed effecti ord is filed.	ve date, but no	ot an effective	: time, at 12:01	a.m. on the e	audier of: (b)	The 90th day a	ifter ti
Dated December 8th	,	, 2021	—·/				
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	Signature of	a member or at	ithorized represe	entative of a me	nuber		