L22000107516

(Re	equestor's Name)	
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COVER LETTER

GZ INIFIN	ITY MOTORS LLC		
300JLC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GENC M NILAJ		
		Name of Person	
		Firm/Company	
	312 LIVE OAK LN		
		Address	Name of Person Firm/Company Address ity/State and Zip Code sused for future annual report notification) at (
	LARGO FL 33771		
	E-mail address; (to be used for future annual report noti-	fication)
For further information c	oncerning this matter, please c	all:	
GEN M NILAJ		727 677-8244 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy

Registration Section

Division of Corporations

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GZ INIFINITY MOTORS LLC

(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on ou I Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compan	y were filed on 03/02/202	22 and assigned
Florida document number L22000107516		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
GZ INFINITY MOTORS LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company." the designati	on "LLC" or the abbreviation "L.U.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		3 D23
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		至 27 厂
		SSO P M
		ES I U
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	s, enter the name of the few registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	t:	·
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my dis sprovided for in Chapte	aties, and I am familiar with and er 605, F.S. Or, if this document is

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
.			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		-	□Add
			□Remove
			□Change

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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blockdocument's effective date on the Department.	ck does not meet the app	licable statutory filin	(optional) ore than 90 days after filing g requirements, this date) ;.) Pursuant to 605,0207 : will not be listed as
e record specifies a delayed effective d is filed.	date, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b) T	he 90th day after the
Dated	2023	·		
// /				
				
	Signature of a member or a	ithorized representative	of a member	

Filing Fee: \$25.00