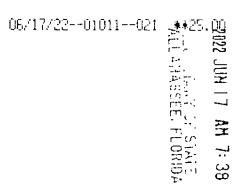
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SEP - 7 2022 S. PRATHER

COVER LETTER

	G & R AUTO GROUP LLC				
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Division of Corporations SUBJECT: G & R AUTO GROUP LLC					
	GEORGES KIMED				
		Name of Person	<u> </u>		
	G & R AUTO GROUP LL	.C			
Firm/Company					
5901 N NEBRASKA AVE					
Address					
	TAMPA, FLORIDA 33604				
		City/State and Zip Code			
	-				
For further information		·	itication)		
GEORGES KIMED					
Name	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
			ection		
-		_			
P.O. Box 6327		The Centre of			
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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

G & K GROUP ELC		The site
(<u>Name of the Limited Liabili</u> (A Florid	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C		CORDER Signed
Florida document number L22000253450		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	City	Zip Code

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, 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
AMBR	RANIA C. MANACHI	5901 N NEBRASKA AVE TAMPA, FL 33604	= Add
			□Remove
		- · · · · · · · · · · · · · · · · · · ·	□ Change
			🗆 Add
			□Remove
			□Change
			□Add
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		 	□Change
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			🗆 Remove
			Change
			□Add
			□Remove
			□ Change

 If amending any other inform 	nation, enter change(s) here: (Attach add	itional sheets, if necessary.,)
			
		.,	
			
-	-	"	
			
			
		•	
		·	
			<u> </u>

Effective date, if other than t (If an effective date is listed, the date r Note: If the date inserted in this document's effective date on the	oust be specific and cannot be prior to date of filing oblock does not meet the applicable statutory fi	(optional) or more than 90 days after filing.) Iling requirements, this date v	Pursuant to 605.0207 (3)(vill not be listed as the
the record specifies a delayed effectord is filed.	ive date, but not an effective time, at 12:01 a.t	m. on the earlier of: (b) The	90th day after the
06/13	2022		2022 2502
Dated	··		RNP I
 			(i) — — — — — — — — — — — — — — — — — — —
	Signature of a member or authorized representa-	uve of a member	
GEORGES KIMED	Typed or printed paper of circus		7: 3 ORH ORH

Filing Fee: \$25.00