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Certified Copies	Certificates	of Status
		
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FILED

COVER LETTER

TO: Registration Section

Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Global Mot	orz LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Igor Zimin		
			Name of Person	
		-	Firm/Company	_ .
		10700 Beach Boulevard St	nite 19095	
		•	Address	
		Jacksonville, FL 32246		
		autozim@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	itication)
For further it	nformation c	oncerning this matter, please ca	all:	
Ruth K McI	Donald		904 280-5575 at ()	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	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)
	iling Address		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ears on our records.)
12/13/2022 and assigned
<u>here</u> :
e designation "LLC" or the abbreviation "L.L.C."
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2022 DE
20 FT
m_{co} – \bigcup
records, enter the name of the new registere
n, -1
lorida street address
. Florida

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.

City

Zip Code

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
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.			□Add
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