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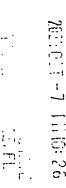
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COVER LETTER

Division of Corporations
SUBJECT: G & A COV SOIRS LLC
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:
COVOLYS Mamos CM2
j Panie of Ferrori
GDA Car Sales LLC Firm/Company
Firm/Company
5848 Mariposa Cove Ln
Address
Orlando FL 32822 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Coralys hames Cruz at (407) 15-71047 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

U & A	<u>Cav</u>	Sales	LLC	
(Name of the Limited (A	Liability Compar Florida Limited L	iy as it now appea iability Company)	ars on our records.) ALCICOT - 7 Fi	
The Articles of Organization for this Limited Liab Florida document number <u>LA40030 a4</u>		were filed on _	July 08,300	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	<u>he limited liabi</u>	lity company h	<u>iere</u> :	
			 	
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:			
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>0x)</u>	5848 Orlando	Mariposa FL Baras	Cove Ln
B. If amending the registered agent and/or regagent and/or the new registered office address		ddress on our	records, enter the nar	ne of the new registered
Name of New Registered Agent:	Coraly	5 ham	OS CHIZ	
New Registered Office Address:	11301 F	- \	ONIAL DAVE orida street address	
	Orlan	i .	Florida	3 2 8 \7 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 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>	Name	Address	Type of Action
MGR	Giancarios Arevedo	5848 Mariposa Cove La	□Add
	Hernandez	Orlando FL 32822	DrKemove
			□Change
MGR	Coralys Ramos Cruz	5848 Mariposa Cove Ln	□Add
		Orlando FL 32822	□Remove
			DChange
			□Add
			□Remove
			□Change
			□Adđ
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
If the recor record is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the ed.
Dated	September 24 2024.
	September 34 2034. Coaly Romo Coalinature of a member or authorized representative of a member
	COVALYS Ramos Cnz Typed or printed name of signee

COVER LETTER

SUBJECT: G & Y	A Cay Sales		
	Name of Limi	ited Liability Company	
The england A (7) 1 - CA			
The enclosed Afficies of Ai	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Coralys h	Name of Person	
		QY Sales LLC Firm/Company	
	5848 Mari	Address	
	Orlando F	City/State and Zip Code	
		OUMDO · (COM) to be used for future annual report notifica	ation)
For further information con	cerning this matter, please ca	ıll:	
COVALYS hand of F	105 Cruz Person	at (407) (15 - Area Code Daytime T	TOUT elephone Number
Enclosed is a check for the	following amount:		
□ \$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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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