

MO9 000004112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

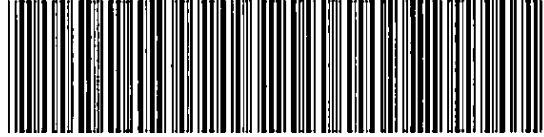
(Document Number)

Certified Copies \_\_\_\_\_

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2023 DEC 19 AM 9:30

RECEIVED

2023 DEC 19 PM

*[Handwritten signature]*

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 218307 5169741  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

ORDER DATE : December 19, 2023  
ORDER TIME : 1:07 PM  
ORDER NO. : 218307-005  
CUSTOMER NO: 5169741

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FOREIGN FILINGS

NAME: GENERAL MOTORS LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** General Motors LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristan L. Miller

\_\_\_\_\_  
Name of Person

General Motors LLC

\_\_\_\_\_  
Firm/Company

300 Renaissance Center

\_\_\_\_\_  
Address

Detroit, MI 48265

\_\_\_\_\_  
City/State and Zip Code

kristan.miller@gm.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristan L. Miller

at ( 313 ) 820-2326

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: General Motors LLC

Enter new principal office 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)

300 Renaissance Center

Detroit, MI 48265

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2. The Florida document number of this limited liability company is: M09000004112

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/16/2009

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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 Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Remove Michael Pollard from all positions. He was added fraudulently.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PT	Michael Pollard	300 Renaissance Center	<input type="checkbox"/> Add
		Detroit, MI 48265	<input checked="" type="checkbox"/> Remove
CEO	Michael Pollard	2525 E. Abram St.	<input type="checkbox"/> Add
		Arlington, TX 76010	<input checked="" type="checkbox"/> Remove
CFO	Michael Pollard	1500 State Hwy. A	<input type="checkbox"/> Add
		Wentzville, MO 63385	<input checked="" type="checkbox"/> Remove
D	Michael Pollard	1200 Lafayette Center Rd.	<input type="checkbox"/> Add
		Roanoke, IN 46783	<input checked="" type="checkbox"/> Remove
Mgm	Michael Pollard	3100 Van Slyke Rd.	<input type="checkbox"/> Add
		Flint, MI 48507	<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

\_\_\_\_\_  
Signature of the authorized representative

(See next page)

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

General Motors LLC

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Add the following assistant secretaries

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AsstSec</u>	<u>Todd Miller</u>	<u>300 Renaissance Center</u>	<input checked="" type="checkbox"/> Add
		<u>Detroit, MI 48265</u>	<input type="checkbox"/> Remove
<u>AsstSec</u>	<u>Kristan L. Miller</u>	<u>300 Renaissance Center</u>	<input checked="" type="checkbox"/> Add
		<u>Detroit, MI 48265</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Kristan L. Miller

Signature of the authorized representative

Kristan L. Miller

Typed or printed name of signee

**Filing Fee: \$25.00**