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P001/004

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H15000040960 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : KILLGORE, PEARLMAN, STAMP, ORNSTEIN & SQUIRES  
Account Number : I19980000007  
Phone : (407) 425-1020  
Fax Number : (407) 839-3635

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GMVT MOTORS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

RECEIVED  
15 FEB 17 AM 10:00  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

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Help B. BOSTICK

FEB 18 2015

EXAMINER

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Feb. 17 2015 03:57pm

P002/004

Fax Audit No.: H15000040960 3

**COVER LETTER**

To: Registration Section  
Division of Corporations

**SUBJECT: GMVT MOTORS, LLC**

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:

Linda Cortright

Name of Person

GMVT Motors, LLC

Firm/Company

1550 E. Missouri, Suite 300

Address

Phoenix, AZ 85014

City/State and Zip Code

licensing@vtaig.com

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

For further information concerning this matter, please call:

Linda Cortright

at (602) 230-1051

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$60 Filing Fee Certificate of  
Status Certified Copy  
(Additional Copy is  
enclosed)

CR25055 (12/14)

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2015 FEB 17 A 9 21  
TALLAHASSEE, FL  
DEPARTMENT OF STATE

Feb 17 2015 03:57pm

P003/004

Fax Audit No.: H15000040960 3

**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: OMVT Motors, LLC
2. The Florida document number of this limited liability company is: M15000000235
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: January 9, 2015

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

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

*City*

, Florida

*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: Change of manager(s) and officer(s)

Title/Capacity	Name	Address	Type of Action
MGR	Larry Van Tuyl	1550 E Missouri #300 Phoenix, AZ 85014	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Berkshire Hathaway Automotive, Inc.	8333 Royal Ridge Pkwy #130 Irving, TX 75063	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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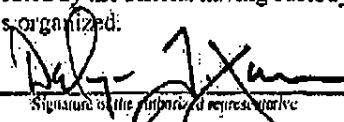
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<u>VP</u>	<u>Patricia Van Tuyl</u>	<u>1550 E Missouri #300</u>	<input type="checkbox"/> Add
		<u>Phoenix, AZ 85014</u>	<input checked="" type="checkbox"/> Remove
<u>S/T</u>	<u>Allan M. Cady</u>	<u>7601 N Central Ave #24</u>	<input type="checkbox"/> Add
		<u>Phoenix, AZ 85020</u>	<input checked="" type="checkbox"/> Remove
<u>P</u>	<u>Jeffrey C. Rachor</u>	<u>8333 Royal Ridge Pkwy #130</u>	<input checked="" type="checkbox"/> Add
		<u>Irving, TX 75063</u>	<input type="checkbox"/> Remove
<u>S/T</u>	<u>Delwyn T. James</u>	<u>PO Box 45436</u>	<input checked="" type="checkbox"/> Add
		<u>Phoenix, AZ 85064</u>	<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:

  
\_\_\_\_\_  
Signature of the authorized representative  
Delwyn T. James, Secretary/Treasurer  
\_\_\_\_\_  
Typed or printed name of signer

Filing Fee: \$25.00

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CLERK OF SUPERIOR COURT

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