

L14 000165090

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 29 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GROUND LOGISTICS & TRANSPORTATION CARRIERS 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:

CINDY MONTANA

Name of Person

GLT CARRIERS LLC

Firm/Company

4995 NW 72ND AVE, SUITE 200

Address

MIAMI, FL 33166

City/State and Zip Code

TMONTANA@GLTCARRIERS.COM

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

For further information concerning this matter, please call:

CINDY MONTANA

at (**786**) **567-2154**

Name of Person

Area Code

Daytime Telephone 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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

GROUND LOGISTICS & TRANSPORTATION CARRIERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/22/2014 and assigned Florida document number L14000165090.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GLT CARRIERS LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4995 NW 72ND AVE, SUITE 200

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33166

Enter new mailing address, if applicable:

4995 NW 72ND AVE, SUITE 200

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33166

B. If amending the registered agent and/or registered office 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:

JOSE DE LA ROCHE

New Registered Office Address:

4995 NW 72ND AVE, SUITE 200

Enter Florida street address

MIAMI

City

Florida 33166

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.

Jose De La Roche

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA
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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|-----------------------------|--|
| P | JOSE DE LA ROCHE | 92 SW 3RD STREET, APT 5104 | <input type="checkbox"/> Add |
| | | MIAMI, FL 33130 | <input checked="" type="checkbox"/> Remove |
| P | JOSE DE LA ROCHE | 4995 NW 72ND AVE, SUITE 200 | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33166 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____

Jose De La Roche

Signature of a member or authorized representative of a member

JOSE DE LA ROCHE

Typed or printed name of signee

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Filing Fee: \$25.00

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