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SECRETARY OF STATE TALL AHASSES FILEDON

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

CUDIFCT.	GC Tran	asports LLC	
SUBJECT:	Name of Lim	ited Liability Company	··
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Hector Rosario Jr	
		Name of Person	
		GC Transports LLC	
		Firm/Company	
	3 5	S John Young Pkwy Suite 1	
		Address	
		Kissimmee, FL 34741	
		City/State and Zip Code	
	•	alconnectionllc@gmail.com	
	E-mail address: (to be used for future annual report no	etification)
For further information co	oncerning this matter, please c	all:	
Natalie Guzman		917 5 14- 9	
Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	e 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 S	ection	Street Address: Registration S	
Division of Co P.O. Box 632		Division of Co The Centre of	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GC Transport	LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	i y as it now appears (iability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL19000083085	were filed on	03/26/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company hero	: :	
General Connection Transpor	t LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ty Company," the des	gnation "LLC" or the at	obreviation 🖺 L.C."
Enter new principal offices address, if applicable:		n/a	020 FI
(Principal office address MUST BE A STREET ADDRESS)		n/a	\$ B
<u>, , , , , , , , , , , , , , , , , , , </u>		n/a	တ္တင္း မ
Enter new mailing address, if applicable:		n√a	PM 2: 5
(Mailing address MAY BE A POST OFFICE BOX)		n/a	
		n/a	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our rec	ords, <u>enter the nan</u>	<u>ie of the new registere</u>
Name of New Registered Agent:		n/a	
New Registered Office Address:		n/a	
	Enter Florid	a 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	□Add
			□Remove
N/A	N/A	N/A	
			☐ Change
			DAdd COLORE ARY TALLAHASSEE
			SECRE ARY OF Change Change Change Change Change Change Change Change Change
			□Cliange
			□Add
			Remove
			Change
			□Add
			□Remove
			Charge

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