## Lo6000121666

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SECRETARY OF STATES

B. BOSTICK

OCT - 5 2012

EXAMINER

## **COVER LETTER**

TO:	Registration S Division of Co	Section Orporations				
SUBJE	ECT:	Gingerio	h Trucking, LLC			
	•		ited Liability Company			
		f Amendment and fee(s) are su	· ·			
ricasc	return an corresp	ondence concerning this matte	to the following.			
			Jeff Gingerich			
			Name of Person			
		G	ingerich Trucking LLC			
Firm/Company						
			567 Interstate Blvd			
			Address '			
			Sarasota FL 34240			
City/State and Zip Code		25.00 25.00 12.00 12.00				
		E-mail address: (	to be used for future annual report	notification)	AHA:	3.
For furt	ther information	concerning this matter, please of	call:		NY OF SSEE, E	
	J.	eff Gingerich	at ( 941 )	342-8484	L S 19	-
	Name	of Person	Area Code & Da	nytime Telephone Number	S2 RIDA	
Enclose	ed 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 encl	osed) Certified (	of Status &	sed)
MAILING ADDRESS: Registration Section Division of Corporations		STREET/CO Registration S				

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Gingerich Trucking, LLC		
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited	Liability Company were filed on	12/22/2006	and assigned
Florida document number L0600012	21666		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company he	re:	
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited Liability Comp	eany," the designation "	LLC" or the abbreviatio
Enter new principal offices address, if appli	icable:		FACE 12
(Principal office address MUST BE A STRE	ET ADDRESS)		AP 8 TI
	<del>-</del>		
Enter new mailing address, if applicable:			PO P M
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
			<del>2</del> 2
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office address on office address here:	our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	567 Interstate Blvd		
	Enter Florida street address		
	Sarasota	, Florida	34240
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

1 ...

<u>Title</u>	Name	Address	Type of Action
MGR	Jeffrey Gingerich	567 Interstate Blvd Sarasota FL 34240	Z Add Remove
<del></del>			
	<u> </u>		Add Remove
_			= = = =
			П D
	_		AddRemove
D. If an	nending any other information, enter cl	hange(s) here: (Attach additional sheets, if nece	essary.)
	Change address for MGRM Don	ald Gingerich to:	7A 12
	567 Interstate Blvd, Sarasota FL	34240	0CT -1
	Change address for MGRM Cher 567 Interstate Blvd, Sarasota FL		PH 2: 5:
Dated _	September 28	2012	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Signature of a me	mber or authorized representative of a member	
	T	Donald Gingerich  yped or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00