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COVER LETTER

то:	'Registration Section Division of Corpor				
SUBJ	ЕСТ:	GAR - 1 (Name of Limi	TRAN LLC ited Liability Company)	<u>. </u>	
The er	nclosed Articles of Am	endment and fee(s) are sub	mitted for filing.		
Please	return all corresponde	ence concerning this matter	to the following:		
	-	GLENN GAI POBON Lees By	(Name of Person) R -TRAN LLC (Firm/Company) R 95161 (Address)	98 OCT -6 PM 4: 10	
For fu	rther information conc	erning this matter, please ca	all:	2	
_	-lenn Ger (Name of Po	,	at (<u>578)</u> <u>527- U</u> (Area Code & Daytime	0891 Telephone Number)	
Enclos	sed is a check for the f	ollowing amount:			
□ \$2:	5.00 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

GAR-	TRAN LLC				
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears of orida Limited Liability Company)	n our_records.)			
The Articles of Organization for this Limited Liab Florida document number <u>LOS DDDO 93</u>	ility Company were filed on <u>l C</u> 33 <i>D</i> 5	1-1-08	and assigned		
This amendment is submitted to amend the following	ing:	,			
A. If amending name, enter the new name of th	e limited liability company here:				
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company,	" the designation "LLC"	or the abbreviation		
Enter new principal offices address, if applicable	le:				
(Principal office address MUST BE A STREET A	4DDRESS)		0 10		
Enter new mailing address, if applicable:			00 -6 P		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	•			
B. If amending the registered agent and/or registered agent and/or the new registered offic		records, enter the	name of the new		
Name of New Registered Agent:					
New Registered Office Address:	s)				
	, 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 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)

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> Name <u>Address</u> **Type of Action** Glenn E Garney ∫ Add Remove Remove 🗖 Add -Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October 2, 2008 Signature of a member or authorized representative of a member Adela, de W. Gansey

Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00