1000018492

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status,				
Special Instructions to Filing Officer:				
789 707 671				

L09-18492



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06/05/09--01035--012 **52.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUN 17 AM 10: 2

M. THOMAS

JUN 18 2009

EXAMINER

COVER LETTER .

TO: Registratio Division of	n Section f Corporations				
	GLOBAL TRANS Name of Florida Limited P				
The enclosed Certificate of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
ELOY FERNANDEZ Contact Person					
GLOBAL TRANSPORTATION & LOGISTICS, LLC Firm/Company					
, H					
8201 NW 66 ST STE # 10 Address			PEG E T		
	Audicas		温息 二		
MIAMI, FL 33166			5 T	Į	
City, State and Zip Code				•	
gtransp	ortationlogistics@gr	nail.com		***	
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
ELOY	FERNANDEZ	at (877)	999-9151		
Name of Cor	ntact Person		aytime Telephone Number		
Enclosed is a chec	k for the following am	ount:			
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status		
STREET ADDRESS:		MAILING ADDRESS:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
Clifton Building		P. O. Box 6327			
2661 Executive Center Circle		Tallahasse	e, FL 32314		
Tallahassee, FL 32301					



June 8, 2009

ELOY FERNANDEZ 8201 NW 66 ST STE #10 MIAMI, FL 33166

SUBJECT: GLOBAL TRANSPORTATION & LOGISTICS, LLC.

Ref. Number: L09000018492

We have received your document for GLOBAL TRANSPORTATION & LOGISTICS, LLC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 209A000191

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now applears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L09000018492</u> .	were filed on $\frac{2/24/209}{}$ and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:	8201 NW 66 St Suite 10				
(Principal office address MUST BE A STREET ADDRESS)	Miami, FC 33166				
Enter new mailing address, if applicable:	8201 NW 66 St Suite 10 Miami, FC 33166.				
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FC 33166.				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address: 82.6					
Mian	, Florida 337 66.				
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

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MGR = Manager

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:

MGRM = Managing Member Type of Action **Title** Name <u>Address</u> Jesus FeanAnder Remove Ikene Coutiennez MGRM ☐ Remove Remove ∏Add □ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Signature of a prember or asthorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00