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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: G-MAN TRANSPORT 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:
JOURIN BAGHERI Name of Person
G. MAN TRANSPORT LLC Firm/Company
478 E ALTAMONTE DRIVE 108/725
ALTAMONTE SPRING FL. 32701  City/State and Zip Code  GIANNIBE GOOD 2008@ Yakioo Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOUGIN BAGHERI at 321 239 · 2692  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$ \text{Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	V IRA	NSPORT LLC
(Name of the Limi	ted Liability Compar (A Florida Limited L	ny ay it now appears on our records.) ability Company)
The Articles of Organization for this Limited I Florida document number O 9 ()	.iability Company <u>) 856</u> .73	were filed on $\frac{09/03/2009}{}$ and assigned
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liabi	lity company here:
The new name must be distinguishable and contain the v	words "Limited Liabile	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or the new registered office address.	registered office a	478 E ALTAMONTE DRIVE  108/725  AITAMONTE SPRINGS, FL. 32701  ddress on our records, enter the name of the new registered
Name of New Registered Agent:	doub	IN BAGHERI
New Registered Office Address:	478 E	ALTAMONTE DRIVE 108   725  Enter Florida street address
		TE SPRINGS Florida 32701  Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	S 20
accept the obligations of my position as reg	istered agent as p registered office change.	re to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or. if this document is address, I hereby confirm that the limited liability of the confirmation of the limited liability of the liability of the limited liability of the limited liability of the l

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JOUBIN BAGHERI	478 E ALTAMONTE DR.	🗹 Add
		108/725	□Remove
		ALTAMONTE SPRING FL 32	<u>l0  </u> □Change
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Note: If the date inserted in	this block does not meet the	e applicable statutory filing rec	(optional) han 90 days after filing.) quirements, this date w	Pursuant to 605.0207 ( vill not be listed as the
- document e atlactive date c	n the Department of State's r	ecords.		
document 3 checuve date e			H 2 41 5 279	OOrb day of an this
he record specifies a delayed	effective date, but not an effe	ective time, at 12:01 a.m. on the	ne earher of: (b) The	90th day after the
	effective date, but not an effective $\frac{7}{20}$	ective time, at 12:01 a.m. on the $\frac{24}{}$ .	e earher of: (b) The	
the record specifies a delayed cord is filed.	7 in . 20	or authorized representative of a		

Filing Fee: \$25.00