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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
(A Que	porty investments. (C
SUBJECT: Name of Limite	d Liability Company
The enclosed Articles of Amendment and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to	the following:
	sworge Aluguer Name of Person
	Name of Person  Property Investments  Firm/Company
660	E 63 5T
Hiap	eath FC 330/3
gahie	City/State and Zip Code  gen a guest/con  o be used for future annual report notification)
V-mail address: K	o be used for future annual report notification)
For further information concerning this matter, please ca	11:
Ocorje Aprique	at (786) 470 - 0412 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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

GA Property Investments LLc		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
ne Articles of Organization for this Limited Liability Company orida document number L13000078700	were filed on 5/30/2013	and assigned
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabi	ility company here:	
A Truck Loads LLC		
e new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	<u>-</u> .	
rincipal office address MUST BE A STREET ADDRESS)		
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		
16 amounting the maristance and and and an arrivance of the	90°	4h of 4h
If amending the registered agent and/or registered of sistered agent and/or the new registered office address here		The name of the
Name of New Registered Agent:		
New Registered Office Address:		通過 5 円
	Enter Florida street address	<b>宝</b> 沙 品 〇
	, Florida _	မှ
<del></del>	City	- Dip 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Change
			Add
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r effective	late, if other than the date date is listed, the date must be s	pecific and cannot be pri	or to date of filing or me	ore than 90 days after fil	iai <i>)</i> ling.) Pursua	ınt to 605.0
	e date inserted in this block of effective date on the Depart			g requirements, this d	late will no	t be listed المجاوبة
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-	Sign	ature of a member or au	thorized representative	of a member	.18*	<del></del>

Page 3 of 3

Filing Fee: \$25.00