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TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

, Divi	ision of Cor	porations		
eun irze	G&C Truck			,
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fcc(s) are sub	mitted for filing.	
		ndence concerning this matter		
		Glenn Crawford		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		G &C Truck Line LLC		
			Firm/Company	
		327 S Sun N Lakes Blvd		
			Address	
		Lake Placid, Florida 33853	2	
		gctruckline@gmail.com	City/State and Zip Code	
		= =	to be used for future annual report no	tification)
For further in	iformation c	oncerning this matter, please ca	all:	
Glenn Crawf	ford		616 520-1273	
	Name o	f Person		me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres gistration S		Street Address: Registration S	ection

Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

G&C Truck Line LLC

(A Florida Lin	mited Liability Company)	18.30.70
The Articles of Organization for this Limited Liability Com	pany were filed on 12-26-2013	and assigned
Florida document number L13000176869		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
Gatorland Express LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		2
		021
Enter new mailing address, if applicable:		()
(Mailing address MAY BE A POST OFFICE BOX)		57
Maung address MAT BE A FOST OFFICE BOX)		in
	 	—— ≃ :∃ S
B. If amending the registered agent and/or registered of	ffice address on our records, enti	••
agent and/or the new registered office address here:	ince address on our records, cine	er the name of the new region
-		
Name of New Registered Agent:	. <u>.</u>	
Navy Payintanad Office Address.		
New Registered Office Address:	Enter Florida street addr	ress
	ı	Florido
	City	FloridaZip Code
New Registered Agent's Signature, if changing Registered A	gent:	
hereby accent the appointment as registered agent and		fuuthan aanaa ta aanah wiit
- neteuv maron me annamment an teviniefea ayent and	1 (1917) 1 1 1 1 1 1 1 1 1	an ar

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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and canse Note: If the date inserted in this block does not meet document's effective date on the Department of State	(optional) ot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 the applicable statutory filing requirements, this date will not be li	05.0207 (3
·		
e record specifies a delayed effective date, but not an erd is filed.	ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
Dated January 12th , 20	0 1	
Dated	ner or author fixed representative of a member	

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