## L140000 74172

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

	Registration Se Div <mark>ision</mark> of Cor		Section 1997	<i>4</i> 7	
SUBJEC'	ICATCHEF	R954 LLC		<del></del>	
Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please reta	um all correspo	ndence concerning this matter	to the following:		
		NIKITA LEE			
			Name of Person	<del> </del>	
		ICATCHER954 LLC			
			Firm/Company		
		898 OAK STREET UNIT	3414		
			Address	<del> </del>	
		ATLANTA			
		IO. MOLIPPOSA O GAZANA	City/State and Zip Code		
		ICATCHER954@GMAILC	COM to be used for future annual report notific	eation)	
For furthe	r information co	oncerning this matter, please ca	•	,	
NIKITA I	LEE		770 310-1430 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for th	e following amount:			
<b>\$25.0</b> 0	0 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

ICATCHER954 LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
e Articles of Organization for this Limited Liability Co	ompany were filed on 2/28/14	and assigned
rida document number L14000034172	_·	
s amendment is submitted to amend the following:		
If amending name, enter the new name of the limit	ted liability company here:	
G RIG FREIGHT SERVICES LLC		
e new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRI	ESS)	
**************************************		
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or regist		enter the name of the
istered agent and/or the new registered office addr	ess here:	न जी
		SE
Name of New Registered Agent:		
		20 N
New Registered Office Address:		Gr III
	·	
	Enter Florida street address	
	Enter Florida street address , Flori	

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			☐ Change
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ective date, if other than the date must be an effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department.	e specific and cannot be prior to da c does not meet the applicable	ite of filing or more than 90 statutory filing requirer	(optional)  days after filing.) Purnents, this date will	suant to not be	605.02 listed
record specifies a delayed e The 90th day after the record	ffective date, but not ard is filed.	effective time, at	12:01 a.m. on t	:he ea	arlier
SEPTEMBER 18	2015				
No	gnature of a member or authorized				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00