L14000042175

(De	equestor's Name)	
. (Re	equestors Name)	
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PICK-UP	■ WAIT	MAIL
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COVER LETTER

	egistration Se ivision of Cor				
SUBJECT	. Changing	Name due to marriage,	Registered Agent change, add	ling manager	
SOBJECT	•	Name of Lim	ited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retu	ım all correspo	ondence concerning this matter	to the following:		
		Grace H. V	Vasielewski		
			Name of Person		
		Grantra Tra	ansportation LL	<u>C.</u>	ESS P
		0004 Phia	Firm/Company		CHE SEP
		9694 Blue	Stone Circle		ASS ASS
			Address		
		Fort Myers	<u>, Florida 33913</u>		OF STATE
		gracehwasz@g	City/State and Zip Code		三型品 31
			to be used for future annual report notifi	cation)	,
For further	information c	oncerning this matter, please c	all:		
Grad	ce Wa	sielewski	239\322-8	329	
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is	s a check for th	ne following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filin Certificate Certified Co (additional co	of Status &
	Registr Divisio P.O. B	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	n itions iter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grantra Transportation LL (Name of the Limited (A		s it now appears on our records.)	
The Articles of Organization for this Limited Liab Florida document number L14000042175	ility Company wer	re filed on 03/13/2014	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability	company here:	
N/A Name stays the same			Pag 2
The new name must be distinguishable and end with the wo	rds "Limited Liability	Company," the designation "LLC" of	or the abbreviation "LaL.C."
Enter new principal offices address, if applicab	le: <u>N</u>	N/A	7
(Principal office address MUST BE A STREET	ADDRESS)		A (1)
	_		
Enter new mailing address, if applicable:	<u>v</u>	N/A	7ATE 0.4185
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u> _		_
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on our records, e	nter the name of the new
Name of New Registered Agent:	Grace H. Wa	sielewski	
New Registered Office Address:	9694 Blue St	one Circle	
· · · · · · · · · · · · · · · · · · ·		Enter Florida street address	
	Fort Myers	, Floric	_{la} 33913
		City	Zip Code
New Registered Agent's Signature, if changing Reg	istered 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> **Name Address Type of Action** 9694 Blue Stone Circle_ Add Grace H. Bagwell MGR Fort Myers, Florida 33913 Remove 9694 Blue Stone Circle MGR Grace H. Wasielewski Fort Myers Florida 33913 Remove _□ Remove □ Add □ Remove □ Add ☐ Remove

ve Shatara Riley a oine Bagwell a	Registered agent after understanding the requirements and role. as Register Agent no longer need in that role added as Manager alling: September 8,2014 (optional)
oine Bagwell a	added as Manager
other than the date of fi	September 8,2014 (ontland)
ist be specific, cannot be prior to mt is filed by the Florida Depart	to date of receipt or filed date and cannot be more than 90 days after
st 29	2014
Grace H. n	Sistemskě of a member or authorized representative of a member
0.8	
L	Grace H. n

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Filing Fee: \$25.00

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