

L14000070363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

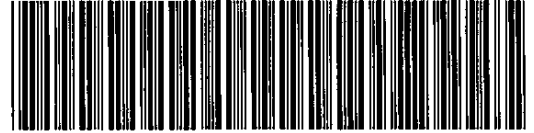
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200263644042

09/25/14--01024--004 **25.00

2014 SEP 25 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan OCT 1 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GO-TL 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:

LILLY TRAN

Name of Person

GO-TL LLC

Firm/Company

5309 ALHAMBRA CIR

Address

CORAL GABLES FL 33146

City/State and Zip Code

LILY@GO-TL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LILLY TRAN

Name of Person

201 491.5959

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

FILED

2014 SEP 25 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GO-TL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/01/2014 and assigned Florida document number L14000070363.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

5309 ALHAMBRA CIR

CORAL GABLES FL 33146

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

LILLY TRAN

New Registered Office Address:

5309 ALHAMBRA CIR

Enter Florida street address

CORAL GABLES

City

Florida 33146

Zip 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 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 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.

 Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

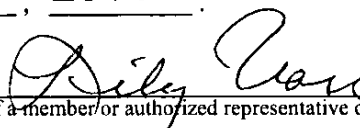
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LILLY TRAN	5309 ALHAMBRA CIR	<input checked="" type="checkbox"/> Add
		CORAL GABLES FL 33146	<input type="checkbox"/> Remove
MGR	TRANLOGISTICS LLC	808 BRICKELL KEY DR STE	<input type="checkbox"/> Add
		MIAMI FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 09/16, 2014



Signature of a member or authorized representative of a member

LILLY TRAN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 SEP 25 AM 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA