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(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
Change title	of the registered agent (from p	president to manager)	•
SUBJECT:		ited Liability Company	- N
	Name of Lim	ned than my Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Lisa T. Corchado Juarbe		
	GTC Trucking LLC	Name of Person	
	VIIC Hocking 133		
		Firm/Company	
	3189 Bright Court		
		Address	
	Kissimmee, FL 34744		
		City State and Zip Code	
	galers143@gmail.com		
	E-mail address (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c		
Lisa T. Corchado Juarbe		787 428-1991	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	·
Tallahassee.			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GTC Trucking LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company E14000183169	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		ss
(Principal office address MUST BE A STREET ADDRESS)		SECRETALLA
Enter new mailing address, if applicable:		AHASSET
(Mailing address MAY BE A POST OFFICE BOX)		E STATE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nai</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	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 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
President	Lisa T. Corchado		\ \ \ \
	-		TRemove
		Change Title: form President to Manager	EChange
			= Remove
			TChange
			TRemove
			Change
			= Add
			BRemove
			Change
			TRemove
			TChange
			= Add
			TRemove
			□Change

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