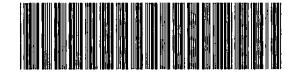
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

Division of Cor	porations			
GAR TRUG	CKING LLC			
	Name of Limit	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspo	ondence concerning this matter to	o the following:		
	GERSON MUNOZ			
		Name of Person		
	CAR TRUCKING LIC			
GAR TRUCKING LLC				
		Firm/Company		
	2406 MYRTLE ST			
		Address		
	HAINES CITY, FL 33844			
		City/State and Zip Code	, , , , , , , , , , , , , , , , , , ,	
GARTRUCKING2015@GMAIL.COM				
	E-mail address: (to	be used for future annual report notific	cation)	
For further information of	concerning this matter, please cal	I:		
GERSON MUNOZ		772 801-7170 at ()		
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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:

TO:

Registration Section

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

GAR TRUCKING LLC					
(Name of the Limite	ed Liability Compar (A Florida Limited L	ny as it new appears on our re- liability Company)	cords.)		
The Articles of Organization for this Limited Lizer Florida document number L14000188450 This amendment is submitted to amend the followard for the new name of the new name	ability Company	were filed on 12/04/2014		and assi	gned
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation "	'LLC" or the abbrevi	ation "L.I	C."
Enter new principal offices address, if applicable:		2406 MYRTLE ST			
(Principal office address MUST BE A STREET ADDR		HAINES CITY, FL 33844			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2406 MYRTLE ST HAINES CITY, FL 33844		16	
				Tá R	•
B. If amending the registered agent and/ registered agent and/or the new registered of			ords, enter the	name	of the nev
Name of New Registered Agent:	GERSON MUN	NOZ	<u> </u>	<u> </u>	
New Registered Office Address:	2406 MYRTLE	EST Enter Florida street a	ddress	<u> </u>	
	HAINES CITY		, Florida ³³⁸⁴⁴		
		City	, r ioriua2	ip 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 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>	<u>Name</u>	Address	Type of Action
AMBR	ALEX GONZALEZ	2705 RHODE ISLAND AVE	
		FORT PIERCE, FL 34947	■ Remove
			□ Change
AMBR	ROGER S MUNOZ POLANCO	2406 MYRTLE ST	Add
		HAINES CITY, FL 33844	□ Remove
			☐ Change
			Add
		 	Remove
			☐ Change
			□ AMA
			☐ Remove
			Change
			□ Add
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing o	(optional) or more than 90 days after filing.) Pursuant	to 605.02
Note: If the date inserted in this block does not meet the applicable statutory fi ocument's effective date on the Department of State's records.	iling requirements, this date will not	be listed a
e record specifies a delayed effective date, but not an effective. The 90th day after the record is filed.	e time, at 12:01 a.m. on the	earlier
Dated 03/14 , 2016		
1 1/1/1		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00