

6/22/2015

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L15000035849

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PROMINENT SERVICES INC
Account Number : I20150000063
Phone : (305)889-2880
Fax Number : (305)889-2881

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: underwriters@psicompanies.com.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

G & G USA TRANSPORT LLC

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TALLAHASSEE, FLORIDAJUN 26 2015
J. HARRIS

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Corporate Filing Menu

Help

COVER LETTER

H 150001537433

TO: Registration Section
Division of Corporations

SUBJECT: G & G USA TRANSPORT 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:

NANCY LILIANA DUQUE CLAVIJO

Name of Person

G & G USA TRANSPORT LLC

Firm/Company

8327 NW 64TH STREET

Address

MIAMI, FL 33166

City/State and Zip Code

UNDERWRITERS@PSICOMPANIES.COM

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

For further information concerning this matter, please call:

YOLANDA GIRALDO

305 889-2880
Area Code Daytime Telephone Number

Name of Person

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

H 150001537433

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H150001537433

G & G USA TRANSPORT 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 06/22/15 and assigned Florida document number L15000035849.

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 contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6630 NW 114 AVE #1523

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33178

Enter new mailing address, if applicable:

6630 NW 114 AVE#1523

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL 33178

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

Name of New Registered Agent:

NANCY LILIANA DUQUE CLAVIJO

New Registered Office Address:

6630 NW 114 AVE #1523

Enter Florida street address

DORAL

City

, Florida 33178

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.

x Nancy L. Duque

If Changing Registered Agent, Signature of New Registered Agent

H150001537433

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

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Title	Name	Address	Type of Action
MGR	JUAN P GOMEZ CARDENAS	8827 NW 64 STREET	<input type="checkbox"/> Add
		MIAMI, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NANCY LILIANA DUQUE CLAY	6630 NW 114 AVENUE #1504	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JUNE 22 , 2015

xNancy L. Duque

Signature of a member or authorized representative of a member

YOLANDA GORALDO

Typed or printed name of signee

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5 JUN 25 AM 8:48
STATE OF FLORIDA
HALL COUNTY

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