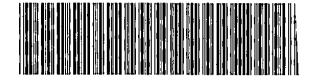
L1500003946Z

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C. GOLDEN NOV 2 3 2020

COVER LETTER

GAYLEST	TRUCKING LLC	t	
SUBJECT.	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DONOVAN GAYLE		
		Name of Person	
	GAYLE'S TRUCKING LI	.C	
		Firm/Company	
	2413 MAIN ST #297		
	·	Address	
	MIRAMAR, FL 33025		
		City/State and Zip Code	
	GAYLESTRUCKING@YA		
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
DONOVAN GAYLE		305 333-0155	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9	-	Street Address: Registration Sec	ction
Registration Section		Division of Cor	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GATILIS TRUCKING LLC		· - 1
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L15000039462</u>	ny were filed on MARCH 4TH, 2	2015 and assi
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LL	C" or the abbreviation "L.L.)
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ente</u>	er the name of the new re
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	Ka
	. !	Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CANTER TRICKING LLC

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 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, <u>enter the title, name, and address of each person</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Fitle</u>	<u>Name</u>	Address	Type of
MGR	ANGELINE TEMPLE	2413 MAIN ST #119, MIRAMAR, FL 33025	\(\overline{\overlin
			□Remo
			□ Add
			□Remove
			□Change
			
			□Remove
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			□Remove
			□Change
			□Add
			□Remove
			□Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
if the recor	d 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
Dated	OCTOBER 7, 2020
Daicu	
	Signature of a number or authorized representative of a member
	DONOVAN GAYLE
	Typed or printed name of stones