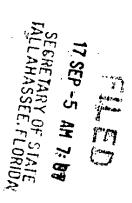
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## COVER LETTER .

Division of Cor			
GUTY TR SUBJECT:	ANSPORT LLC		
SUBSECT.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	EDW	IN G GUTIERREZ	
		Name of Person	
	GUTY	'TRANSPORT LLC	
		Firm/Company	
		PO BOX 2592	
		Address	
		BELLE GLADE, FL 33430  City/State and Zip Code	
		City/State and Zip Code	
		to be used for future annual report i	notification)
For further information c	oncerning this matter, please ca	all:	
EDWIN G GUTIERREZ		at (	13-5294
Name o	f Person	Area Code Day	nime Telephone Number
Enclosed is a check for the	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: 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

GUTY TRANSPORT LD			
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	v as it now appears o	n our records <u>.</u> )	
(A Florida Fluinca Flu	aomiy Company)		
The Articles of Organization for this Limited Liability Company w	vere filed on	MAY 06, 2015	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ity company here	;	
The new name must be distinguishable and contain the words "Limited Liability	· C " the desi	anation "I I C" or the o	hheaviories "I I C"
The new name must be distinguishable and contain the words. Elithied Liability	y Company, the desi	gnation LLC of the a	oneviation L.L.C.
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)			
(Maning address MAT BE A POST OF FICE BOX)		•••	
B. If amending the registered agent and/or registered offi		our records, <u>enter</u>	the name of the new
registered agent and/or the new registered office address here:			Z S
Name of New Registered Agent:			E6H
Traine of New Registered Figure.	****		- TO 17
New Registered Office Address:			S
	Enter Florida	i street address	SEE S
<del>.</del>		, Florida _	77 5 17
	City		SZIP CHI
New Registered Agent's Signature, if changing Registered Agent:			
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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	FRANCISCO B LOZA	I NE AVE H	Add
		BELLE GLADE, FL 33430	☐ Remove
			☐ Change
			Remove
			Change
			□ Remove
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Page 3 of 3

Filing Fee: \$25.00