

L15000155850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

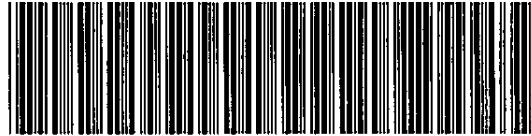
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GCC TRANSPORT & HAULING 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:

MONIQUE ADAMS

Name of Person

GCC TRANSPORT & HAULING LLC

Firm/Company

1133 BYERLY WAY

Address

OCOOE, FL, 32818

City/State and Zip Code

MDD@GCCTRANSPORTS.COM

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

For further information concerning this matter, please call:

MONIQUE ADAMS

407 4033063
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

GCC Transport & Hauling 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 9/14/2015 and assigned
Florida document number L15000155850.

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 "LLC" or the abbreviation "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) _____

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: _____

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	MONIQUE ADAMS	1133 BYERLY WAY	<input checked="" type="checkbox"/> Add
		OCOE, FL	<input type="checkbox"/> Remove
		32818	<input type="checkbox"/> Change
AMBR	BASHARI DANIELS	1133 BYERLY WAY	<input type="checkbox"/> Add
		OCOE, FL	<input type="checkbox"/> Remove
		32818	<input checked="" type="checkbox"/> Change
AMBR	FRANCENE BEATTY	1133 BYERLY WAY	<input type="checkbox"/> Add
		OCOE, FL	<input checked="" type="checkbox"/> Remove
		32818	<input type="checkbox"/> Change
AMBR	CHARLES DANIELS	8538 RED LEAF LANE	<input type="checkbox"/> Add
		ORLANDO, FL	<input checked="" type="checkbox"/> Remove
		32819	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

NOV 7 4 10:55 PM
STATE OF FLORIDA
TALLAHASSEE

15 NOV 17 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FEDERAL BUREAU OF INVESTIGATION
ALLAHASSEE, FLORIDA

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.

Dated November 13, 2015.

Signature of a member or authorized representative of a member

Bashari Daniels
Typed or printed name of signee