

L15000188421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

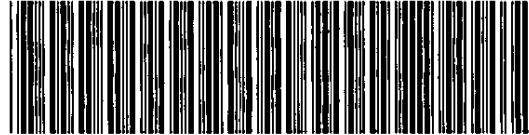
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AMBR ADDRESS INcomplete
used company ADDRESS
12/14/2016
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16 NOV 21 13 NOV 01

Office Use Only



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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

K. SALY
DEC 14 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2016

ATI BY THE SEA CO
MOHAMMED ANWAR HUSSAIN
11251 ROCKINGHORSE RD.
COOPER CITY, FL 33026

SUBJECT: GMT EXPRESS TRANSPORT, LLC
Ref. Number: L15000188421

RECEIVED
2016 DEC 12 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for GMT EXPRESS TRANSPORT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 116A00025072

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GMT EXPRESS 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:

MOHAMMED A HUSSAIN

Name of Person

ATI ACCOUNTING TAX & INS

Firm/Company

11251 ROCKINGHORSE RD

Address

COOPER CITY FL 33026

City/State and Zip Code

TAXANWAR@GMAIL.COM

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

For further information concerning this matter, please call:

TOMISLAV JOVANOVIC

954

483 0526

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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

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

GMT EXPRESS TRANSPORT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2016 DEC 12 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/06/2015 and assigned
Florida document number L15000188421.

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:

16230 SW 49TH CT

(Principal office address MUST BE A STREET ADDRESS)

MIRAMAR FL 33027

Enter new mailing address, if applicable:

16230 SE 49TH CT

(Mailing address MAY BE A POST OFFICE BOX)

MIRAMAR FL 33027

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:

N/A

New Registered Office Address:

16230 SE 49TH CT

Enter Florida street address

MIRAMAR

City

Florida 33027

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>
AMBER	DEJAN GLISIC	429 W OHIO ST #103 CHICAGO	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

FILED
2016 DEC 12 PM 1:02
CLERK OF SUPERIOR COURT
ALLAHAM, SEAN FLORES

2016 DEC 12 11:11
SECRETARY OF STATE
TREASURY
TALLAHASSEE, FLORIDA

FILED
2016 DEC 12 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, 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 11/28, 2016

Tegan
Signature of a member or authorized representative of a member

Typed or printed name of signee