

L160003022241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

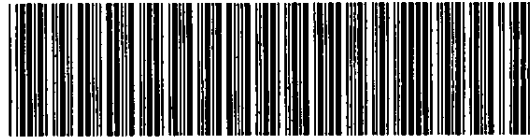
(Business Entity Name)

(Document Number)

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16 MAR -2 PM 2:24

03/02/16--01003--020 **25.00

MAR 03 2016

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gines Way Transportation, 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:

Marquies Gines

Name of Person

Gines Way Transportation, LLC

Firm/Company

3303 High Tide Ct

Address

Valrico, FL 33594

City/State and Zip Code

gineswaytransportation@yahoo.com

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

For further information concerning this matter, please call:

Katrina Mathis

813

410-8862

Name of Person

at ()

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

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TALLAHASSEE
16 MAR -2 PM 2:26

Page 1 of 3

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 AMBR	Marquies Gines	3303 High Tide Ct	<input type="checkbox"/> Add
		Valrico, FL 33594	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Katrina Mathis	3303 High Tide Ct	<input type="checkbox"/> Add
		Valrico, FL 33594	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input 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"/> Remove
			<input type="checkbox"/> Change

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA
MAY 2 2:22 PM

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

It's showing Katrina Mathis as principal 3
president. Marquies Eynes Sr. should be
president and Katrina Mathis should
be Vice President.

15 MAR -2 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 2/29/14

Katrina Mathis

Signature of a member or authorized representative of a member

KATRINA MATHIS

Typed or printed name of signer