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MAR 0 3 2016 S. YOUNG

## **COVER LETTER**

TO:

**Registration Section** 

Division of Co	rporations		
Gines Way	Transportation, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	Marquies Gines		
		Name of Person	
	Gines Way Transportation	, LLC	\ \ 
		Firm/Company	
	3303 High Tide Ct		7,
		Address	<u> </u>
	Valrico, FL 33594		•
		City/State and Zip Code	
	gineswaytransportation@ya		
	E-mail address: (	to be used for future annual report noti-	fication)
For further information of	concerning this matter, please c	all:	
Katrina Mathis		813 410-8862 at ( )	
Name of Person Area Code Day		Area Code Daytim	e Telephone Number
Enclosed is a check for t	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)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

.iability Company as it now appears on our Florida Limited Liability Company)	records.)
lity Company were filed on 2/8/2016	and assigned
ng:	
e limited liability company here:	
s "Limited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
e;	35.5
(DDRESS)	<b>3</b> > 2
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	N CO
<b></b>	7 32
registered office address on our readdress here:	ecords, enter the name of the new
Enter Florida stree	address
	17124.
City	, Florida Zip Code
	registered office address on our regarders here:  Enter Florida street

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>	Type of Action
MGR <del>AMDR</del>	Marquies Gines	3303 High Tide Ct	
		Valrico, FL 33594	_☐ Remove
			Change
AMBR	Katrina Mathis	3303 High Tide Ct	Add
		Valrico, FL 33594	□ Remove
			■ Change To
			Add PS S
		<del></del>	Remove
			□ Change
			Add
			Remove
			☐ Change
			Add
			Remove
			Change
			□ Remove
			☐ Change

	Its showing Katina Mathis 05 principals	<u>3</u>
	president Marquies Gunes SR. Showa be	
Ŧ	President and Katrina Mathis Should	_
<u>E</u>	e Vice President:	
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E. Effectiv (If an effec	ve date, if other than the date of filing: (optional) cetive 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 60	05.02
Note: I	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisent's effective date on the Department of State's records.	sted a
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 90th day after the record is filed.	ier
· •		
Dated _	2/29/14	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00