# L16000081116

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M. MILLIGAN MAR 3 1 2017

## **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:		ANSPORT LOGISTICS, LLC	;	
SOME I.			ited Liability Company	······································
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		LUIS MATOS		
			Name of Person	
		GREAT TRANSPORT LO	GISTICS, LLC	
			Firm/Company	
		2250 VIOLET DRIVE		
			Address	
		FORT MYERS, FL 33905		
			City/State and Zip Code	
		lmatosgtl@outlook.com		
		E-mail address: (t	o be used for future annual repor	t notification)
For further in	ıformation coı	ncerning this matter, please ca	dl:	
LUIS MATO	os		863 517-271 at ( )	9
	Name of l	Person	Area Code Da	ytime Telephone Number
Enclosed is a	check for the	following amount:	·	
□ \$25.00 F	iling Fcc	■ \$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)

TO:

**Registration Section** 

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**



### GREAT TRANSPORT LOGISTICS, 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 04/25/2016	and assigned
Florida document number L16000081116		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
GREAT PAINT, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	ffice address on our records,	enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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>	Address	Type of Action
MGR	LUIS MATOS	2250 VIOLET DRIVE	
		FORT MYERS, FL 33905	□ Remove
			□ Change
MGR	SHIRLEY MATOS	2250 VIOLET DRIVE	Add
		FORT MYERS, FL 33905	Remove
			☐ Change
			☐ Add
		<del>.</del>	Remove
			Change
			□ Add
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			☐ Add
			☐ Remove
			Change

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	ne date of filing:	(optional)
Effective date, if other than the	nust be specific and cannot be prior to date of filing or more than 90	days are mings, and all the mount of
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