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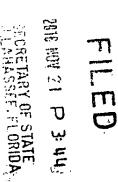
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COVER LETTER

	egistration Sec ivision of Corp			
CUBICCT		ad Leasing LLC		
SUBJECT	`;	Name of Limi	ited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	irn all correspoi	ndence concerning this matter	to the following:	
		Glenn D Lawrence		
			Name of Person	<u></u>
		GDL Railear Leasing, LLC	Name of Person Firm/Company Address City/State and Zip Code be used for future annual report notification) at (
			Firm/Company	
		2 SW 34th PL		
			Address	
		Cape Coral, FL 33991		
			City/State and Zip Code	
		glennlawrence8@gmail.con		on)
For further	r information co	oncerning this matter, please ca	•	on,
Martin Ha	arris, CPA			
	Name of	Person	Area Code Daytime Tel	ephone Number
Enclosed i	s a check for th	e 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
Clitton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLD Railroad Leasing LLC	
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) orda Limited Liability Company)
The Articles of Organization for this Limited Liabilit Florida document number 1.16000208575	y Company were filed on 11/14/2016 and assigned and assigned
This amendment is submitted to amend the following	g.
A. If amending name, enter the new name of the	limited liability company here:
GDL Railcar Leasing LLC	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX))
B. If amending the registered agent and/or re	egistered office address on our records, enter the name of the new
registered agent and/or the new registered office a	address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Regist	ered Agent:
provisions of all statutes relative to the proper an accept the obligations of my position as registered	ent and agree to act in this capacity. I further agree to comply with the d complete performance of my duties, and I am familiar with and d agent as provided for in Chapter 605, F.S. Or, if this document is tered office address, I hereby confirm that the limited liability ge.
	If Changing Registered Agent, Signature of New Registered Agent

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:

<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			☐ Change
			□ Add
			□ Remove
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			☐ Add
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			Remove

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		,		
ctive date, if other than the da effective date is listed, the date must be	te of filing:	1	(optiona	1)
If the date inserted in this block	does not meet the applica	to date of fitting or more able statutory filing r	than 90 days after film equirements, this dat	g.) Pursuant to 605.0 e will not be listed
iment's effective date on the Depar	rtment of State's records.			
ecord specifies a delayed ef ne 90th day after the record	ffective date, but not	an effective tim	e, at 12:01 a.m	. on the earlier
ie som day area ene recore	is filed.			
d November X 17	2016		5. (6)	20
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