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FEB 01 2017 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: G BROTHERS TRUCKING 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:
Cesac C. Landastoy Name of Person
CO BROTHOUS TEACKING LLC
1826 NE 18th Que = = == == == == == == == == == == == =
Cape Coral FL 33909
City/State and Zip Code  Cosco Caracteria Union r Com  E-mail address: (to/be used for future annual report notification)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
CISAR C. Andestry at (239) 300 - 8798  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Status Certificate of Status Sta

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

G BROTHES CUCK  (Name of the Limited Liability Compa (A Florida Limited I	ny lad it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1700003739</u> .	were filed on and assigned
4	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	no CHANGES
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ho CHanges & Signature
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	no Changes
New Registered Office Address:	Enter Florida street address
	, Florida

### 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 Type of Action <u>Address</u> **Title Name** 18 Xe nE 18 TH AVI Capeloral of 33909 □ Remove ☐ Change □ Remove ☐ Change \_□ Remove ☐ Change. □ Add ☐ Remove \_□ Change □ Add □ Remove \_□ Change \_□ Add □ Remove

\_□ Change

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te: If the date inserted in t	must be specific and cannot be prior to date of	(optional) filing or more than 90 days after filing.) Pursuant to 605.02 utory filing requirements, this date will not be listed a
record specifies a del he 90th day after the		fective time, at 12:01 a.m. on the earlier
ed Janualy	24 2017	
	Signature of a member or authorized rep	recentative of a member
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Page 3 of 3

Filing Fee: \$25.00