L170000 95582

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COVER LETTER

Division of Corporations
SUBJECT: Gold Plate Everything L.L.C. 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:
Rufus Gibson Jr Name of Person Gold Plate Eurnything LLC Firm/Company
1910 SW JUZZET LN
Port St Lucie FL 34953 City/State and Zip Code
Port St Lucie Fl 34953 City/State and Zip Code tandrlogistics 0413 Dagmail. com E-mail address: (to be used for filmere annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Rufus Gibson 7r at 959 980-1337
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Districts of Comparations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gold Plate Ever	mything LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	
The Articles of Organization for this Limited Liability Company Florida document numberL1700095582	were filed on 5 01 17 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
THR Logistics and Auto Transp The new name must be distinguishable and contain the words "Limited Liability	port LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1910 SW Susset LA TO TO THE PORT ST Lucie FL 20 TO THE TOTAL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above
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:	
New Registered Office Address:	Enter Florida street address , Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rowided for in Chapter 605, F.S. Or, if this document is

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
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Filing Fee: \$25.00