## L17000149825

(Re	equestor's Name)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Cor	porations		
SUBJECT:	GRAND EG	TRANSPORT LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	•
Please return all correspo	ondence concerning this matter	to the following:	
		•	
	GUS	STAVO A ETCHEBARNE	
		Name of Person	
,	GR	AND EG TRANSPORT LLC	
	•	Firm/Company	
	7	021 SW 129 AVE APT. 4	
		Address	
		MIAMI, FL 33186	
	<del></del>	City/State and Zip Code	
		georginaortiz54@yahoo.com	
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	•
GUSTAVO A ETCHEB	ARNE		-3400
Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne 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)

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

GRAND EG	TRANSPORT LLC		
( <mark>Name of the Limited Liability Compa</mark> (A Florida Limited I	ny as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company  Florida document numberL17000149825	were filed on	07/12/2017	and assigned
This amendment is submitted to amend the following:			
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	ity Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			SECRE TALL AH
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			TARY OF STATE ASSEE. FLORIUS -5 PM 7:41
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floride	I street address	
	City	, Florida	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

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GOODEN, ELIAS U, MR	3611 NW 171 ST	□ Add
		MIAMI GARDENS, FL 33056	■ Remove
			Change
		-	Add
			Remove
			□ Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
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	<u>ئ</u>	RIDA
E. Effective date, if other than the date of filing:  (If an effective 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 605  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	5.0207 ed as	(3)(b) the
$f^{(i)}$ the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie (b) The 90th day after the record is filed.	er of	:
Dated FEBRUARY 26 , 2018		
Signature of a number or authorized representative of a member		
Gustavo A Etchebarne Typed or printed name of signee		

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Filing Fee: \$25.00