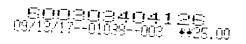
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Office Use Only



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J. HARRIE

## COVER LETTER

TO:

**Registration Section** 

Division of Corporations	
DOUBLE G TRANSPORT,	LLC
50b)EC1.	Name of Limited Liability Company
The enclosed Articles of Amendment and f	fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
YASMIN GE	ORGIADIS
·*L	Name of Person
	Firm/Company
30 32ND STF	REET
	Address
COPIAGUE I	 NV 10726
	City/State and Zip Code
YAZZYTHEP	PONY@HOTMAIL.COM
	mail address: (to be used for future annual report notification)
For further information concerning this ma	tter, please call:
YASMIN GEORGIADIS	646 753-0129 at ()
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amou	unt:
■ \$25.00 Filing Fee □ \$30.00 Filing Certificate	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Section

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOUBLE G TRANSPORT, LLC			
( <u>Name of the Limi</u>	ted Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.)	
	•		
The Articles of Organization for this Limited L	liability Company were filed on	08/23/2017	and assigned
Florida document number L17000180890			
	·		
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	of the limited liability company	<u>here</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company," tl	ne designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applic	ca blar		<b>5</b> -3
		- ''	
<u>Principal office address MUST BE A STREL</u>	<u> </u>		<del>fil</del>
		.;:. <del>** .</del>	-0
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Enter new mailing address, if applicable:		••	
Mailing address MAY BE A POST OFFICE			73 .
Muning address MAT BE A 1031 01116E	<u> </u>		
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3. If amending the registered agent and	Vor registered office address	on our records enter the	name of the ne
egistered agent and/or the new registered of		on our recording enter the	
	<del>-</del>		
Name of New Registered Agent:	GEORGIOS GEORGIADIS		
Hame of New Registered (1961).	MANO COMPRETE CIRCLE		
New Registered Office Address:	3508 SOMERSET CIRCLE	Florida street address	
	KISSIMMEE	, Florida <u>34746</u>	r. ()
	City	7	Lip 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>Address</u> Type of Action Title Name YASMIN GEORGIADIS 3508 SOMERSET CIRCLE MGR \_□ Add KISSIMMEE FL 34746 Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change \_☐ Remove Change ☐ Remove

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