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(Requestor's Name)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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COVER LETTER

TO: Registration Section Division of Corporations

GREAT RELIABLE TRUCKING USA LLC

SUBJECT: ____

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:

OSVALDO MARTINEZ

Name of Person

O&J PROFESSIONAL SERVICES INC

Firm/Company

13550 SW 88 ST STE 150

Address

MIAMEEL 33186

City/State and Zip Code

OSVALDOEMARTINEZ@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

■ \$25,00 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREAT RELIABLE TRUCKING USA LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{03/06/2018}{18000058912}$ and assigned Florida document number $\frac{L18000058912}{18000058912}$.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

 (Principal office address MUST BE A STREET ADDRESS)
 Image: Constraint office address MUST BE A STREET ADDRESS)

 Enter new mailing address, if applicable:
 Image: Constraint office BOX)

 (Mailing address MAY BE A POST OFFICE BOX)
 Image: Constraint office BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		_, Florida
· · · · · · · · · · · · · · · · · · ·	City	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager

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AMBR = A0	uthorized	Member
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<u>Title</u>	Name	Address	Type of Action
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		MIAMI FL 33185	🛛 Remove
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MGR	IGLESIAS JOSE JR 34%	3074 SW 153 PATH	Add
		MIAMI FL 33185	Remove
			Change
MGR	IGLESIAS ALICIA 34%	3074 SW 153 PATH	D Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets. if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

MAY 24	2018		
Signatu	nd	Authorized representative of a member	
	Ű	Signature of a member or a	And Asland

Page 3 of 3

Filing Fee: \$25.00