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Office Use Only



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COVER LETTER

I'O: Registration Section Division of Corporations
SUBJECT: 3GT 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:
Randy Daly Name of Person
3GTLLC Firm/Company
3760 PAN American Block.
City/State and Zip Code three city's trucking @ Gmail. (200 E-mail address: (to be used or future annual report notification)
For further information concerning this matter, please call:
Scott I, c, cc~ at (94) 993-1936 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, □ \$60.0

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

STREET/COURIER ADDRESS:

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

TO ARTICLES OF ORGANIZATION OF

SGT LLC	ampany he it now appears on a	re recorde)	_
(Name of the Limited Liability C (A Florida Lin	nited Liability Company)	ui <u>recorus.</u>)	
The Articles of Organization for this Limited Liability Com	pany were filed on	and	lassigned
Florida document number L-18 coo 84786			
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			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	tion "LLC" or the abbreviation	ı "L.L.C."
Enter new principal offices address, if applicable:	 		
(<u>Principal office address MUST BE A STREET ADDRES</u>	<u>S)</u>		<u> </u>
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	NSC:
		ਕੋ -	. 유럽~ - 요렇~
Enter new mailing address, if applicable:		α) 경환론 명조립
(Mailing address MAY BE A POST OFFICE BOX)			성역C
		.	<u> </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:		records, enter the na	ne of the ne
New Registered Office Address:	Enter Florida str	vet address	
-	City	Florida Zip Co	nde
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my d t as provided for in Chapt	uties, and I am familiar er 605, F.S. Or, if this a	with and locument is
Î	Changing Registered Agent, S	gnature of New Registered	Agent

or removed from our records:

'MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Ambr	Dwayne Barnett	15488 Piedment Ave	
		15488 Piedment Ave P.t. Charlotte, FL, 33954	Remove
			☐ Change
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If an et <u>Note:</u>	tive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to 90th day after the record is filed.	he earlier of
Dated	June 13+4 2018.	
	X \ 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Signature of a member or authorized representative of a member	
	Scott J. Ingram Typed or printed page of signer	

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Filing Fee: \$25.00