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Account Number : 120150000063 Phone : (305)889-2880 Fax Number : (305)889-2881

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GOLD LINE TRANSPORT LLC

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COVER LETTER

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	Registration 8 Division of Co		
SUBJE		NE TRANSPORT LLC	
	O	Name of Limited Liability Company	
The enci	losed Articles of	f Amendment and fee(s) are submitted for filing.	
Please re	turn all corresp	condence concerning this matter to the following:	
		MARCRI.A MENDOZA	
		Name of Person	
		GOLD LINE TRANSPORT LLC	
		Firm/Company	
		5955 NW 105 CT APT \$314	
		Address	
		DORAL, FL 33178	
		City/State and Zip Code goldlinetransportine@gmail.com	
		E-mail address: (to be used for future annual report notificate	on)
For furthe	er information c	concerning this matter, please call:	
MARCE	LA MENDOZA	786 238-3764	
Name of Person		of Person Area Code Daytime Tel	sphone Number

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

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

H 19000033 2003

Certificate of Status & Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H 190000 33 2003

GOLD LINE TRANSPORT LLC				
(Name of the Limit	ed Liability Compa (A Florido Limited)	ny <u>as it now appears on our r</u> Liability Company)	ccords.)	
The Articles of Organization for this Limited L. Plorida document number L19000016493 This amendment is submitted to amend the following the control of the	<u></u> .	were filed on 01/15/2019	and assigned	 1
A. If amending name, enter the new name of		ility company here:		
A. It amending name, enter the new panie v	the Builter into	any company nerv]
The new name must be distinguishable and contain the w	ruida "Limitod Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	<u> </u>
Enter new principal offices address, if applie	able:			<u> </u>
(Principal office uddress MUST BE A STREE	TADDRESS)	5955 NW 105 CT APT S314		1
		DORAL, FL 33178		<u> </u>
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE	ROXI	5955 NW 105 CT APT 8314		
THURING HUMESS MITT IND AT COT CO. T. C.	<u></u>	DORAL, FL 33178		
B. If amending the registered agent and registered agent and/or the new registered of	or registered o	ffice address on our re g:	SEUR ALLA	he new
Name of New Registered Agent:			主门 聖	<u> </u>
New Registered Office Address:	5955 NW 105		\$55 555 555 555 555 555 555 555 555 555	
		Enter Florida street	address C. S.	
	DORAL		, Florida 33178 🚍 🕓	
		City	Zip Code W	l
New Registered Agent's Signature, if changing	Registered Agent:	<u>.</u>	# 10	1
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regi	er and complete	neriormance of my duli	es, and Lam Jamiliar Wiln an	ur _i

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

H19000332003

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<u>or remoye</u> MGR –	ed from our records:	uthorized to manage, euter the title, name, a	H19000332003
Title	Name	Address	Type of Action

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amending any other information, enter change(s) here: (Attach additional shee	nts, (f necessary.)
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fective date, if other than the date of filing: n effective date is listed, the date most be specific and monot be prior to date of filing or more than 9	(optional) 0 deva after filing.) Pursuant to 605.0207 (3)(b)
ote: If the date inserted in this block does not meet the applicable statutory filing require	ments, this date will not be listed as the
comment's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at	12:01 a.m. on the earlier of:
The 90th day after the record is filed.	
•	1
ated JANUARY, 28	
Signature of a incurbor of distinction representative of a structu	tour —————
Signatura of a includer of similarity representative of a manu	
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Page 3 of 3

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