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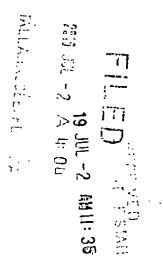
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D SCOTT
JUL 2 2019

## **COVER LETTER**

O: Registration Sec Division of Corp				· · · ·
бивлест: <u>СА</u>	TVANSPORTATION G	roup, LLC. ted Liability Company	<del></del>	
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		
	Jorge M	. Santago Name of Person		
		Firm/Company		T
	4463 Sher	man Hills Pkwy Address	-2 V # On	E ED
	Jacksonville,	FL 32210 City/State and Zip Code	10 L	
	GAZTRUCKIV E-mail address: (i	ng@gmail.com	ication)	
For further information co	oncerning this matter, please ca	all:		
Jorge M. S	Santiago Ferson	at (904) (016 - Daytime	9004 Telephone Number	
Enclosed is a check for th	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)	

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**

GA Transport	ann Orong, LLC.  ity Company as it now appears on our records a Limited Liability Company)	<u></u> )
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on 2 July	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	" or the abbreviation "LiL'C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)	<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records dress here:	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	x
	, Flo	orida Zip Code
New Degistered Agent's Signature if changing Begisters	ad Agusti	

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>Title</u>	<u>Name</u>	Address	Type of Action
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	· •	Jackson ville, FL32310	□ Remove
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n effective date is listed	er than the date of d, the date must be speci	fic and cannot be p	2 JUIN prior to date of fili	ng or more than 90	(optional) days after filing.)	Pursuant to	605.020
te: If the date insercument's effective d	ted in this block does date on the Departmer	it of State's reco	ords.				
			not an effec	tive time, at 1	.2:01 a.m. o	n the e	arlier (
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he 90th day aft	_	, <i></i>	1				
record specifies he 90th day aft	_		<u>/</u>				

Page 3 of 3

Filing Fee: \$25.00