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(Red	questor's Name)	·
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PICK-UP	☐ WAIT	MAIL.
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COVER LETTER

LLC

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Sec Division of Corp		• •	
SUBJECT:	Global	American Transport	t and woastics.
	Name of I	Limited Liability Company	
The enclosed Articles of A	mendment and fee(s) are	submitted for filing.	
Please return all correspon	dence concerning this mat	And Angles Name of Limited Liability Company Mane of Person Firm/Company 23366 POCA Chara Circle Address Mocu van fi 33433 City/State and Zip Code Chow Bin d gmad com E-mail address: (to be used for future annual report motification) g this matter, please call: Mana Code Area Code Daytime Telephone Number 10.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee,	
	elmi	abeth bowman	
		Name of Person	
		Firm/Company	
	23366	Doca chica circle	
	Docu	rath f 33433	
	E-mail addres	ebow 621 a mai is: (to be used for future annual report ribilification)	l. com
For further information cor			
elinabeth	bouman	at (514) 115.91	33 ·
Name of I	Person	Area Code Daytime Teleph	one Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address: Registration Se	ction	Street Address: Registration Section	
Division of Co	rporations	Division of Corporation	ons

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL1900181387.	were filed on 6-14.2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		202
		<u> </u>
Enter new mailing address, if applicable:	2) : 	22
(Mailing address MAY BE A POST OFFICE BOX)		
		် မ-
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	e of the new regis
Name of New Registered Agent:		 -
New Registered Office Address:		
	Enter Florida street address	
	, Florida	20.00
	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, 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
AMBR	Jeremy Tomasso	23366 boca ducacin	□Add
		boca rata A 23433	
			□Change
			Add 20 AURemove
			10
		SE SAI	Charge C
			□Remove
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