## L200000 92373

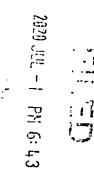
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AUG 13 2020

S. YOUNG

## **COVER LETTER**

TO: Registration So Division of Co			
	Transport, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Cintella Chin Clarke		
		Name of Person	
	G. Clarke Transport, LLC		
		Firm/Company	<del>_</del>
	1224 Ashboro Cir SE		
	·	Address	
	Palm Bay, FL 32909		
		City/State and Zip Code	
	sweet3v01@gmail.com		<del></del>
For forther information		to be used for future annual report not	(ification)
	concerning this matter, please c		
Gustavo Clarke		954 766-3965 at ()	
Name o	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G. Clarke Transport, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on March 30, 2020	and assigned
Florida document number L20000092373		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	r the abbreviation; L.L.C."
Enter new principal offices address, if applicable:		= 1
(Principal office address MUST BE A STREET ADDRESS)		1
		5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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 th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	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>	<u>Address</u>	Type of Action
MGR	Cintella Chin Clarke	1224 Ashboro Cir SE, Palm Bay, FL 32909	🗃 Add
		·	□Remove
			□Change
		<del></del>	□Add
			□Remove
			Change
			□ Add
			□Remove
		···	□Change
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			Remove
			□Change
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			□ Change

## Page 2 of 3

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(If an effe <u>Note:</u> I		date must be specific ar this block does not	nd cannot be prior meet the application	to date of filing or ma able statutory filing	ore than 90 days after	onal) filing.) Pursuant to 605.0 date will not be listed	
	ord specifies a d 90th day after tl			t an effective t	íme, at 12:01 a	.m. on the earlier	r of:
Dated _	June 29		2020	<u> </u>			
	/ /	ス / 义 。					
	- Gisla	Signature of a	a member or autho	orized representative	of a member		

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Filing Fee: \$25.00