120000 103244

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/Ŝtate/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
0.10		

Office Use Only

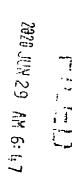


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COVER LETTER

TO: Registration S Division of Co				
Gilaz Tra	nsportation LLC	4.		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Lazaro Menendez Cisne	ero		
		Name of Person		
	Gilaz Transportation LL	С		
		Firm/Company		
	5466 Hardee Street			
		Address	<u></u>	
	Naples, FL 34113			
	•	City/State and Zip Code	<u> </u>	
	kevinmenendez0812@ga			
	E-mail address: (to be used for future annual report no	otification)	
For further information	concerning this matter, please c	all:		
Lazaro Menendez Ci	snero	239 2340987		
Name	of Person		ime Telephone Number	
Enclosed is a check for	the 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 Addre		Street Address:		
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 63		The Centre of	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3

Gilaz Transportation LLC		
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	2
The Articles of Organization for this Limited Liz Florida document number <u>L20000103244</u>		and assigned on
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET)		e abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	30X)	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on our records, <u>enter the n</u> s here:	name of the new registered
Name of New Registered Agent:	Lazaro Menendez Cisnero	
New Registered Office Address:	Enter Florida street address	
	Florida	
	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
MG			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□ Change
.		·	□Add
			Remove
			□Change
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(If an eife <u>Note:</u>	re date, if other than the date of filing:
ecord is file	
Dated_	<u>06/26</u> . <u>2020</u> .
	Signature of a member or authorized representative of a member
	Lazaro Menendez Cisnero
	Typed or printed name of signee

Filing Fee: \$25.00