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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GPS TRUCKINE LLC, Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rebecca Occean Lundy Name of Person
Firm/Company
7220 ELYton Dr Address
NORTH Port FL 34287 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tunior Occean Lundy at 941 961-9908 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \ \ \times \ \ \times \ \tin \times \

Mailing Address:

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

Street Adez-

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

LITES OF AMENDMENT

ARTICLES OF ORGANIZATION OF

GPSTRU	ckline	415		2010 U M29) Pi 3: 08
* of the Limited	Liability Compan Florida Limited Li	y as it now appears of ability Company)	on ou <u>r records.</u>)		
		were tiled on <u>O</u>	10-04-20) <u>20</u> and a	issigned
The Articles of Organization for this Limited Liability Company were filed onQOQQ					
A. If amending name, enter the new name of t	the limited liabil	lity company here	:		
The new name must be distinguishable and contain the wor	submitted to amend the following: ame, enter the new name of the limited liability company here: distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." an offices address, if applicable: distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." an offices address, if applicable: districts MUST BE A STREET ADDRESS) de registered agent and/or registered office address on our records, enter the name of the new registered ew registered office address here: New Registered Agent: Stered Office Address: Resca Occean Condy Enter Florida street address Enter Florida street address Enter Florida street address All Dely Long Type Code ent's Signature, if changing Registered Agent: the appointment as registered agent and agree to act in this capacity. I further agree to comply with the address relative to the proper and complete performance of my duties, and I am familitar with and course of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ally reflect a change in the registered office address, I hereby confirm that the limited liability				
Lew principal offices address, if applical	ble:				
(Principal office address MUST BE A STREET	ADDRESS)				
		-7 . vistan			
,	<u>0X)</u>				
	tion for this Limited Liability Company were filed on				
Name of New Registered Agent:	Reb	ecca C)CClan	Lun	<u>a</u> 4_
New Registered Office Address:			Street address	R	<u> </u>
	_NOR	th part	Florida		.87 le
New Registered Agent's Signature, if changing Re	gistered Agent:				
provisions of all statutes relative to the proper	r and complete p erea agent as pr egistered office a	performance of my roviaed for in Cha	y duties, and La apter 605, F.S.	am familiar w Or. if this doc	vith and cument is

at 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
AP	Rebecca Oc	cean way 7220 Elyton D	P DAdd
·		North port f	L34287 Remove
			Change
MGR	JUNIOR OC	cean Lundy 7220 Elyton	DR Stadd
		worth part fl	- 34287 □Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
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			bbA⊡
			□Remove
			□ Change

	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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record speci Lis filed	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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	Signature of a member or authorized reprodutative of a member
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	Typed or printed name of signee

Filing Fee: \$25.00