120000177809

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(Address)			
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(Business Entity Name)			
(Document Number)			
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2/17/21

FILED

COVER LETTER

TO: Registration Section Division of Corporations

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GC Brothers Fransport, LLC Name of Limited Liability Company SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lamiro Came of Person Firm/Company 2960 SW Luis Ave Address Arcaclicy FL 34266 Cuty/State and Zap Code cebros//c () y 4hoo. com (Elmail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Garcia / Pumiro Garia at (863 - 266 1922 / 266 Area Code Daytime Felephone Number \$823

Enclosed is a check for the following amount:

[] \$25.00 Filing Fee

Certificate of Status

11 \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF					
(Name of the Limited Liability Compar (A Florida Limited L	Transport, LLC ny as it now appears on our records.) hability (company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>2000 77809</u> .	were tiled on Une 25, 2020	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited liabi</u>	<u>lity company here</u> :				
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "11.C" or the abbrev	ration "L.L.C."			
Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STREET ADDRESS)</u>	2960 SW Lois Au Arccuelia, FL 342	<u>c</u>			
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	· · · · · · · · · · · · · · · · · · ·	FLED			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records. <u>enter the name of</u>	the new registered			
Name of New Registered Agent:		<u></u>			
New Registered Office Address:	Enter Florida street address				
	Florida				
	Cin 2	lip 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:

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MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
PMGA	Rumiro Crarcin	2960 SN Lois Ave Arcudia, FL 34266	ƏAdd
			🗆 Remove
			X t hange
AMBL	Luciy Garcia.	2460 SW LUIJ AVE Araadin, FL 34266	LiAdd
			lRemove
			X!Change
AMBR	Omar Garcia	2960 SW Lois Ave Arcadia, FL 34266	-B-JAdd
			Kendre
			R hang
		· · · _ · _ · _ · _ · _ · _ · _ ·	
			IRemove
			Il Change
·			Uladá
			[]Change
			TIAdd
			[]Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	2021
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tive date, if other than the date of filing:	2020 (optional)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	November	16 - 2(520	
		his	(1)	
		Signature of a member o	r authorized representative of a member-	
		°.0	Garcia.	
Typed or printed name of signce				

12124 1244 875 00