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(Address)
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(business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor					
	GTMO CA	R HAULER LLC	** •	, ·		
SUBJE	СТ:	· 				
		Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	eturn all correspo	ondence concerning this matter	to the following:			
		FERNANDEZ, LEONAR	DO, SR			
			Name of Person			
		GTMC	O CAR HAULER LLC			
			Firm/Company			
		2423 CALADIUM RD				
			Address	· -		
		JACKSONVILLE, FL 322	JACKSONVILLE, FL 32211			
			City/State and Zip Code			
		gtmocarhauler@gmail.com				
			to be used for future annual r	eport notification)		
		oncerning this matter, please c				
FERN/	ANDEZ, LEONA	RDO, SR		8413		
	Name o	f Person	at () Area Code	Daytime Telephone Number		
Enclose	ed is a check for the	ne following amount:				
■ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &		
	Mailing Addres		Street Ad			
	Registration S			tion Section		
	Division of C			of Corporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GTMO CAR HAULER LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our records. Liability Company)	,
The Articles of Organization for this Limited Liability Company lorida document number	were filed on	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation .L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		=======================================
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter f</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	, Fibi	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	Lazaro Alejandro Fernandez	2423 CALADIUM RD, JACKSONVILLE, FL 32211	= Add
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ffective date, if other than the an effective date is listed, the date in	ist be specific and cannot be prior to date of filing or more than 9	(optional) 0 days after filing.) Pursuant to 605.0207
Note: If the date inserted in this becoment's effective date on the I	lock does not meet the applicable statutory filing require	ements, this date will not be listed as
ocument's effective date on the i	repartment of state's records.	
record enseiting a delayed offecti	ve date, but not an effective time, at 12:01 a.m. on the ea	orlier of: (b) The 90th day after the
fection specifies a delayed effection is filed.	te date, but not an effective time, at 12.01 a.m. on the ce	sine, on (o) The your day uner me
11/09	2020	
Pated		
	7	
	Ale	ul ve
	Signature of a member or authorized representative of a men	noci
FERNANDEZ, LEON	ARDO. SR	
	Tunud or printed name of cionee	

Filing Fee: \$25.00