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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Gro Moter Lo Name of Limit	GLiability Company	
The enclosed Articles of	Amendment and fee(s) are subn	ntted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Francesse F	Petit Papa Name of Person	
	GIO Moter Li	Gistics LLC Firm/Company	
	5569 S Orange I	310ssom Trail, Suit	<u>"B"</u>
	Orlando, FL, 32°	839	
	_	ter Logistics LLC • Co be used for Juture annual report notif	DM [cation]
For further information	concerning this matter, please ca	ill:	
rancesse Name	Petit papa 61 Person	at (<u>407</u>) <u>486 – 3</u> Area Code) Daytimo	39 20 Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: 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

Partick 11	2023 OCT 27 AM 9: 18
(Name of the Limited Liability Compa- (A Florida Limited L	iv as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L 20000305304</u> .	09/28/2020
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil. Gro Moter Logist The new name must be distinguishable and contain the words "Limited Liabil."	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5569 5 Orange Blossom Trail Suite "B" Orlando, Fl, 32839
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5569 S Orange Blossom Trai Suite "B" Orlando, FL, 32839
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records. enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	Cay Zap 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			□Add
		,	□Remove
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□ Change
			□ Add
		□Remove	
			□Change
			□Add
			□Remove

□lChange

•.	As of the year 2023, I am Venturing into
j	a new Career Path which will now be in trucking
	¿ Logistics. This is the Beason I am Changing
	my LLC name.
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If an el Note:	ive date, if other than the date of filing:
e reco rd is fi	rd 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 led.
Dated	10/23/2023
	Signature of a member or authorized representative of a member
	Francesse Petit Papa Typed or printed name of signee

Filing Fee: \$25.00