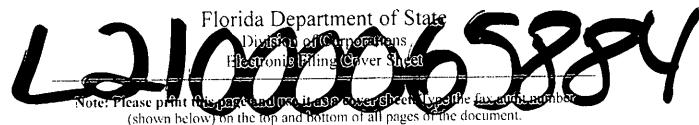
18132001059

From: Trucking Permits And More LLC

3/11/2021

Division of Corporations



(((H210001000723)))



H210001000723ABCN

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 Phone : (813)774-4726 Fax Number : (813)877-2186

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GP UNITED TRANSP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help die 22

1 Page: 3 of 6

## **COVER LETTER**

то:	Registration Sec Division of Corp		;	4
/18 1 F5 8 E		O TRANSP LLC		
SUBJE	:СТ:	Name of Limi	ted Liability Company	
The en	closed Articles of .	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	o the following:	
		VALDES, MILADYS		
			Name of Person	······································
		GP UNITED TRANSPILL		
			Firm/Company	
		5657 LOUIS XIV CT APT	Α	
			Address	<del></del>
		TAMPA, FL 33614		
			City/State and Zip Code	
		mvc9452@gmail.com	o be used for future annual report notification)	<del></del>
For fur	ther information c	oncerning this matter, please ca		
	DES, MILADYS		512 8558595	
	Name o	f Person	at () Area Code Daytime Teleph	one Number
Enclos	ed is a check for t	he following amount:		
		S30,00 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 Addres		Street Address: Registration Section	
	Division of C		Division of Corporation	ons

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GP UNITED TRANSP LLC			
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear a Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability C Florida document number L21000065884	Company were filed on 02/	08/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company he	<u>ere</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the d	esignation "LLC" or the abb	reviation "L L.C."
Enter new principal offices address, if applicable:			<u></u>
(Principal office address MUST BE A STREET ADD)	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			F- N
		<u> </u>	<del></del>
B. If amending the registered agent and/or registere	ul affice address on our r	acards enter the nume	of the new registers
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ett office address on our r	· ·	, re
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
		, Florida	
<del></del>	City	, 1 101103	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of agent as provided for in t red office address. I here	t my duties, and Lam fi Chapter 605, F.S. Or,	aminar wun ana if this document is
	If Changing Registered A	gent, Signature of New Res	istered Agent

Page: 5 of 6

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

18132001059

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	VALDES, MILADYS	5657 LOUIS XIV CT APT A	□Add
		TAMPA, FL 33614	□Remove
			■ Change
		_	□ Add
			Remove
			Change
			🗖 Add
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			□Remove
			□Change
			□Add
			Remove

To: 18506176383

18132001059

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Note: If the date	f other than the date of s listed, the date must be specific inserted in this block does tive date on the Departmen	not meet the applic	able statutory iiii	ng requirements, on	filing.) Pursuant to 605.02t s date will not be listed a
e record specifies and is filed	a delayed effective date, bu	it not an effective ti	ime, at 12:01 a.m	on the earlier of: (h	) The 90th day after th
Datad	MARCH 11	2021	·		
Dated					
17ateti	Miladur	Valdes e of a member or auth			