LZ10000 67888

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COVER LETTER

TO:	Registration Sect Division of Corpo				
SUBJE	ecr. l	FCV	Transpo	station LCC	
SUBJE	·	<u> </u>	Name of Lim	ited Liability Company	
The en	closed Articles of A	mendment i	and fee(s) are sub	mitted for filing.	
Please	return all correspond	lence conce	rning this matter	to the following:	
			Georg	ge Casado Name of Person	
				Firm/Company	
			29 B	oral ford Ct	
			_	Address	
		· · · · · · · · · · · · · · · · · · ·	Kissimme	City/State and Zip Code Code	58
			CCUT	City/State and Zip Code	./ .
			E-mail address: (to be used for future annual report noti	//.Com fication)
For fur	ther information con				
	George Name of P	(a)	sado	at (6/6) 8 92 Area Code Daytim	8-5938 e Telephone Number
Enclose	ed is a check for the	following a	imount:		
Z \$2:	5.00 Filing Fee		Filing Fee & icate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Se	ction		Street Address: Registration Sec	etion

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oi		R of a
GCV Transporta	ition LCC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) iability Company)	9 00 00 00 00 00 00 00 00 00 00 00 00 00
The Articles of Organization for this Limited Liability Company v Florida document number <u>L2100067888</u> .	were filed on <u>2 - 9 - 2 1</u>	and assigned:
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable: (Principal office address MUST RE A STREET ADDRESS)	ty Company," the designation "LLC" or the abbro	eviation "L.L.C."
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name (</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
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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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
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