L21000075242

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COVER LETTER

TO: Registration ! Division of Q		4 7		
SUBJECT: GU	unte transpo	Auc.		
SOBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corres	oondence concerning this matter	to the following:		
	Pocie	Hemandez		
	Extreme	Quality Group =	Inc-	
	780 thon	pe Rd, Ste #Z		
	Orlando =	FL 32824		
	extremo gral	City/State and Zip Code 1 Y 9 10 UP @ OU HOOK to be used for future annual report no	Liam diffication)	
For further information	concerning this matter, please ca	afl:		
JOHN Name	+GONZULZ of Person	at (<u>407)</u> 985 Area Code Daytii	2417 me Telephone Number	-
,	the following amount:			
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing For Certificate of Stransferd Copy (additional copy is	mus &
Mailing Adda Registration Division of P.O. Box 6 Tallahassec	n Section Corporations 327	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	ection orporations Tallahassee oc Street, Suite 810	ED 2: 21

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gigante Transport (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability (Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000085247</u> .	were filed on OZ/19/ZOZI and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3701 Contoy Rd apt 1815 Oclando, Fl 32.839
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3701 Conroy Pd capt 1815 Oclando 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: 3901 (o	nroy Pd, A-pt-1815 \ \frac{1}{25} \
	Ondo, Florida 3283977 Zip Code 5
New Registered Agent's Signature, if changing Registered Agent	<u>E</u> 2
I hereby accept the appointment as registered agent and ag	ree 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	John H Gonzalez	3701 conroy Pd	□Add
		Apt 1815	□Remove
		Oclando, FL 32839	• Change
AMBE	Marybelle Nazacio	3701 Consay Rd	□Add
	/	Apt 1815	
		Orlando, 76 32.839	© Change
			□Add
			□Remove
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n effective	date, if other to date is listed, the date inserted at effective date	ie date must be s	specific and	cannot be pr	rior to date	of filing or m itutory filin	iore than 90	(opt days afte ments, th	er'hling.) Pursuan	it to 605,020
		-							1-		
ecord spo is filed.	ecifies a delaye	d effective dat	e, but not a	an effectiv	e time, at	12:01 a.m.	on the ear	lier of: ((b) Th	e 90th d	ay after the
ted	March	05	,	202	<u>_</u> .						
	March 	wh #	1 - L)							
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