

# L21000087267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

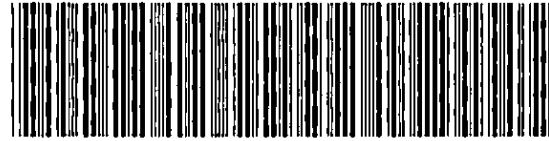
(Business Entity Name)

(Document Number)

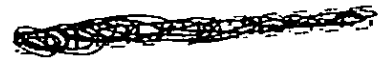
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2021 APR 15 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 APR 19 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

APR 19 2021

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: G N R T Trucking LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gail Ivette Island-Thurpe  
Name of Person

\_\_\_\_\_  
Firm/Company

4932 pine cluster Lane  
Address

Orlando Fla. 32808  
City/State and Zip Code

gnrttrucking@yahoo.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Gail Ivette Island at (407) 694-6381  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 APR 19 PM 4:10

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4/19/21

Good morning, MS. Diane Cushing

I will greatly appreciate your time  
and help with assisting us with  
this correction it will allow us to help  
free our family if this is not the correct  
Application please feel free to contact me  
(214) 694-6381

Thanks in advance

Yolanda Pineda

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

G N R T Trucking LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2021 APR 19 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 2/22/21 and assigned

Florida document number L21000087267

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

4932 Pine Cluster Ln  
Orlando Fla. 32808

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Gail Yvette Wood-Thorp

New Registered Office Address:

4932 Pine Cluster Ln

Enter Florida street address

Orlando, Florida 32808

City

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.

Gail Yvette Wood-Thorp  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Gail Yvette Ward-Thorpe	4932 Pine cluster Ln Orlando, FLA. 32808	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

E. Effective date, if other than the date of filing: 4/19/21 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 2/19/21 .                     

Sail west from

Signature of a member or authorized representative of a member

Gail Yvette Ward-Thorpe

Typed or printed name of signee

**Filing Fee: \$25.00**