

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : ULTIMATE TRUCKING SERVICES LLC
Account Number : I20210000148
Phone : (813)830-1214
Fax Number : (813)200-2096

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

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
GGP TRANSPORTS LLC**

Certificate of Status	0
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AUG 16 2021

RECEIVED

2021 AUG 13 PM 3:01

2021 AUG 13 PM 7:13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GGP Transports 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:

Gemma Duarte

Name of Person

Ultimate Trucking Services LLC

Firm/Company

1008 Coconut Dr

Address

Tampa, FL 33619

City/State and Zip Code

gduarteuts@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gemma Duarte

813 830-1214

Name of Person

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for 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 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

GGP Transports LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/27/2021 and assigned
Florida document number L21000249165

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)

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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.

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	Daniel A Pina Pina	10429 Paragon Pl	<input type="checkbox"/> Add
		Riverview, FL 33578	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AR	Carmen M Madruga <i>Chang</i>	10429 Paragon Pl	<input type="checkbox"/> Add
		Riverview, FL 33578	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<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.)

For Daniel A Pina Pina we are requesting to have the SR. honorifics to be removed from his name. This was added by mistake at the time corporation was filled, his legal name is Daniel A Pina Pina.

For Carmen M Madruga we are requesting to the MRS. honorifics to be removed from her name. This was added by mistake at the time corporation was filled. Her legal name should read as follow Carmen M. Madruga Chiang.

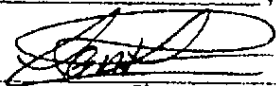
E. Effective date, if other than the date of filing: _____ (optional)

(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 July 23, 2021



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00