## 121000271098

(Req	uestor's Name)	
(Add	ress)	
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(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

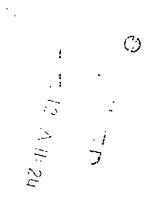
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## **COVER LETTER**

	Registration So Division of Co						
SUB IECT	GDO Logi.	sties LLC					
SUBJEC	r;	Name of Lin	nited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sul	omitted for filing.				
Please reti	ım all correspo	ondence concerning this matter	to the following:				
		Gilberto De Oliveira					
			Name of Person		- 13 - 11 - 11		
		GDO Logistics LLC					
			Firm/Company				
		4630 South Kirkman Rd.	196 Orlando, FL 32811				
		<del></del>	Address		<del></del>		
		Orlando, FL 32835					
			City/State and Zip Code		<del></del>		
		gilmac11@gmail.com					
			to be used for future annual:	report notification)			
For further	information e	oncerning this matter, please e	all:				
Susan Agı	ilar		407 552	2-7742			
	Name o	f Person	Area Code	Daytime Teleph	one Number		en:
						,	( <u>'</u> )
Enclosed is	s a check for th	ne following amount:			,		
□ \$25.00	) Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fe Certificate of St Certified Copy (additional copy for	atus &	
	lailing Addres		Street Ad				
Registration Section Division of Corporations		Registration Section Division of Corporations					
P.O. Box 6327		The Cen	itre of Tallahas	ssee			
1.	allahassee, F	L 32314	2415 N.	Monroe Stree	t, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOD Logistics LLC	
( <u>Name of the Limited Liability Company as</u> (A Florida Limited Liabilit	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were	filed on 06/10/2021 and assigned
florida document number L21000271098	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability of	ompany here:
he new name must be distinguishable and contain the words "Limited Liability Con	mpany." the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
<del></del>	
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	;
	-
. If amending the registered agent and/or registered office address	ss on our records, enter the name of the new registe
gent and/or the new registered office address here:	20
	in the second se
Name of New Registered Agent:	= 7
New Registered Office Address:	24
	Enter Florida street address
	Disable.
$\overline{C}$	, Florida

## 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 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	Gilberto Maciel De Oliveira	4630 South Kirkman Rd, Orlando, FL 32811	<b>=</b> Add
			□Remove
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
		· .	(□Change;)
			□ Add
			> □Remove
		N C	□ Change
			□Add
			□Remove
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			□ Remove
			□Change

e: If the date inserted in this block does not meet the applicable statutory filing requiment's effective date on the Department of State's records.  For dispecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the effect.  Find 17/02/2021	earlier of: (b) The 90th day a	ifter the
iment's effective date on the Department of State's records.		
Extract care materior in this proof notes not ineed the applicable standory illing requi		
ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more than  the date inserted in this block does not must the applicable stanton. (Time require)	(optional) 90 days after filing.) Pursuant to rements, this date will not be	605.020 listed a
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