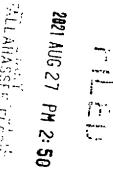


- (1	Requestor's Name)
(,	Address)
(,	Address)
(1	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions The Name Of A free ame to Resolve	was approved in error.

Office Use Only





COVER LETTER

TO: Registration So Division of Co		
SUBJECT:	M C GANNS	TRYCKING LLC
		mited Liability Company
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filling.
Please return all correspo	ondence concerning this matter	r to the following:
	Kinish	a west
		Name of Person
		Firm/Company
	5200	RISing Comet IANE
		City/State and Zip Code Weltayahoo. Com
		City/State and Zip Code
	Kinisho	west exalors. Com
		(to be used for future annual report notification)
	oncerning this matter, please c	11
KiniSha	well-	at (347) 589 1603 Area Code Daytime Telephone Number
Name of	f Person	Area Code Daytime Telephone Number
Enclosed is a check for th	e following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Section
Division of Co		Division of Corporations
P.O. Box 6321 Tallahassee, F		Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810
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Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCGANNO TMS	TRUCKING 11C
(<u>Nume of the Limited Lis</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	Y Company were filed on 8/19/62/ and assigned
This amendment is submitted to amend the following	g;
A. If amending name, enter the new name of the lower contain the words." The new name must be distinguishable and contain the words."	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registe agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	red office address on our records, enter the name of the new registered
	Florida
	City Zyr Code
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the I complete performance of my duties, and I am familiar with and I agent as provided for in Chapter 605, F.S. Or, if this document is cred office address, I hereby confirm that the limited-liability is.
	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 Title Title Name Address Type of Action □Remove _____ □Change _____ □Change _____ Change □ Change

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fective date, if other tha	n the date of filin	g:		(o _j	otional)	(05.0307
n effective date is listed, the date: If the date inserted in	this block does not i	meet the applic	able statutory fi	ling requirements.	this date will no	t be listed as
cument's effective date on	the Department of S	state's records				
ecord specifies a delayed e is filed.	ffective date, but no	t an effective t	ime, at 12:01 a.n	n, on the earlier of:	(b) The 90th (day after the
red AUGUST	27_	293	<u>.</u>			
						
	_ 6>-			ve of a member		

Filing Fee: \$25.00