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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

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22 FEF 25 FN 3: 01

T. MATTHEWS MAR -7 2022

COVER LETTER

TO: Registration Division of C			
G&S Tru SUBJECT:	ck Lines LLC		
SUBJECT,	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	George A Vasquez		
		Name of Person	-
	G&S TRUCK LINES LLC	Ç	
		Firm/Company	
	3173 Crab Trap Drive		
		Address	
	New Smyrna Beach FL 32	1119	
		City/State and Zip Code	-
	george.vasquez22@yahoo.c	com to be used for future annual report	
For further information	concerning this matter, please c	•	(nouneanon)
George A Vasquez	<u></u>	610 570-022	2
Name	of Person	at ()	aytime Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Addre	ess:	Street Addres	s:
Registration Section		Registration	Section
	Corporations 27		Corporations of Tallahassee
P.O. Box 63	27		of Tallahassee

Tallahassee, FL 32314

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

G&S TRUCK LINES LLC

22 FEE 25 FH 3: 01

(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 $\frac{2/4/2022}{}$ and assigned 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 ____, 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.

City

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>	Type of Action
MGR	George A Vasques	3173 Crab Trap Drive New Smyrna Beach, FL 32119) ≣Add
			□Remove
			□Change
			CJAdd
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	2/	15/2022			
ective date, if other the effective date is listed, the d	in the date of filing:		filing or more than 90 c	(optional) days after filing.) Pursuant (to 605,020°
te: If the date inserted in cument's effective date on	this block does not meet t	the applicable statu			
difficult's effective date of	the Department of State	s records.			
ecord specifies a delayed e	ffective date, but not an e	ffective time, at 12:	:01 a.m. on the earli	er of: (b) The 90th day	v after the
s filed.					
February 18	20)22			
ted Febuary 18	,,				
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Typed or printed name of signee