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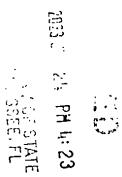
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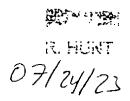
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## **COVER LETTER**

	Division of Cor		\$.	•	_
CHD IEC	GPI EQUII	PMENT MAINTENANCE LL	·C	· · ·	•
SUBJEC	1:	Name of Lin	nited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	um all correspo	ndence concerning this matter	to the following:		
		GILBERTO PEREZ			
		<del></del>	Name of Person		
		-	Firm/Company		
		2261 EVERGLADES BL	ViD		
			Address	<del>.</del>	(m.)
		NAPLES, FL 34120			
		, <del></del>	City/State and Zip Code		7\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
For furthe	er information c	E-mail address: (	to be used for future annual report not	ification) SON	:: U PH 4: 23
GILBER	TO PEREZ		at (205) 5+2	27501 TH	23
	Name o	f Person	Area Code Daytin	e Telephone Number	_
Enclosed	is a check for th	ne following amount:			
□ <b>\$</b> 25.0	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Cop (additional copy	Status & y
_	<u>Mailing Addres</u> Registration S		Street Address: Registration Se	ction	
Division of Corporations P.O. Box 6327			Division of Cor	porations	
	7.0. Box 632 Fallahassee, F		The Centre of T 2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GPI EQUIPMENT MAINTENANCE 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  $\frac{03/18/2023}{1}$ and assigned Florida document number  $\underline{1.22000189374}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GPI LOGISTICS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

## 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 Changing Registered Agent, Signature of New Registered Agent

., Florida \_\_

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
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			□Remove
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			□Remove
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