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(Requestor's Name)

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(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

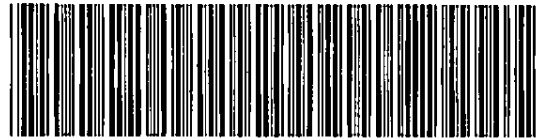
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2022 SEP 23 PM 12:43
CLERK OF STATE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: G & T Delivery Logistics 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:

Shantrell Bryant

Name of Person

G & T Delivery Logistics LLC

Firm/Company

3501 Townsend Blvd #247

Address

Jacksonville, Florida 32277

City/State and Zip Code

shantrellharris@ymail.com

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

/gtdeliverylogistics42@gmail.com

For further information concerning this matter, please call:

Shantrell Bryant

912 418-9409

at ()

Name of Person

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**

G & T Delivery Logistics 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 06/24/2022 and assigned
Florida document number L22000286932

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

G & T Delivery Logistics LLC

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:

3501 Townsend Blvd #247

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32277

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:

Shantrell Bryant

New Registered Office Address:

3501 Townsend # 247

Enter Florida street address

Jacksonville, Florida

, Florida 32277

City

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 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

FILED
JUN 23 PM 12:33
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

MGR = Manager
AMBR = Authorized Member

[illegible]

[illegible]

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.

Dated September 9 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee