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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : VANJOPI SOLUTIONS INC

Account Number : 120220000179 Phone : (201)658-4981 Fax Number : (407)289-8988

S & nt	er the	email	address	for thi	is busi	ness :	entity	to be	used	for	future
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GN TRUCKS LLC

Certificate of Status	0
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M. SOLOMON

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## **COVER LETTER**

TO: Registration S Division of Co			•	
GN TRUC	KS LLC			
SUBJECT:	Name of Lin	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	ANDRES GARCIA NASS	SAR		
	<del></del>	Name of Person		
	GN TRUCKS LLC			
		FirnvCompany		
	840 N JOHN YOUNG PK	WYUNIT AB		
		Address		
	KISSIMMEE, FL 34741			2024 HAR 26
		City/State and Zip Code	<del></del>	10
	INFO@BSAFLORIDA.CO			25
	E-mail address: (	to be used for future annual report notif	Teation)	
For further information c	oncerning this matter, please c	ali:		// // 10: 23
ANDRES GARCIA NA	SSAR	832 4348926 at ()		ານ ພ
Name o	f Person	Area Code Daytimo	: Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

H240001126213

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GN TRUCKS LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000417813</u>	y were filed on 09/26/2022 and assigned	
This amendment is submitted to amend the following:		
The Articles of Organization for this Limited Liability Company were filed on 09/26/2022 and assigned  Florida document number L22000417813  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 "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		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	11855 TARANTO LN	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32827	
		}
Enter new mailing address, if applicable:		
Enter new maning address, it applicable:		ì
	1	i
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Elevida streat address	
<del></del>	, 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

## HZ40001126213

Title	<u>Name</u>	Address	Type of Action
AMBR	FREDDY A RAMIREZ ARIAS	11855 TARANTO LN	<b>≣</b> Add
		ORLANDO, FL 32827	
			□ Change
AMBR	SHOKHRUKH AKRAMKHODJA	840 N JOHN YOUNG PKWY UNIT AB	□Add
		KISSIMMEE, FL 34741	Remove
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NAME SHOKHRUKH A	AKRAMKHODJAEV. THANK YOU		
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n effective date is listed, the date m	e date of filing:  ust be specific and cannot be prior to date of filing or more to	han 90 days after filing.) Pursuant to 605,020	7 (3)(b
ote: If the date inserted in this becoment's effective date on the l	block does not meet the applicable statutory filing re- Department of State's records.	quirements, this date will not be listed a	s the
ecord specifies a delayed effecti is filed.	ve date, but not an effective time, at 12:01 a.m. on the	he earlier of: (b) The 90th day after the	
03/26 ted	2024		
	01.16		

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