

L23000057349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

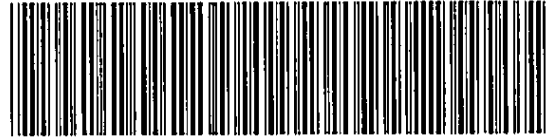
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

COVER LETTER

Registration Section
Division of Corporations

GG LINE TRANSPORT LLC

NAME: _____
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

For all correspondence concerning this matter to the following:

JAVIER GARAY

Name of Person

Firm/Company

7265 61ST AVENUE NORTH

Address

ST PETERSBURG, FL 33709

City/State and Zip Code

GVARGAS@MINCCLEANING.COM :

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

For information concerning this matter, please call:

PAARODAS 727 224-8733

Name of Person at (_____) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$15.00 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

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 TALLAHASSEE, FL
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GG LINE TRANSPORT 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 01/31/2023 and assigned Florida document number L123000057349.

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)

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TALLAHASSEE, FL

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:

JAVIER GARAY

New Registered Office Address:

7265 61ST AVE BUE N

Enter Florida street address

ST PETERSBURG

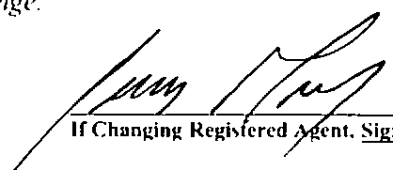
Florida 33709

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 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JAVIER GARAY	7265 61ST AVE N	<input type="checkbox"/> Add
		ST PETERSBURG, FL 33709	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	GLORIA RODAS	7265 61ST AVENUE N	<input checked="" type="checkbox"/> Add
		ST PETERSBURG, FL 33709	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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1. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

Effective date, if other than the date of filing: 02/13/2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the member's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the

Date: FEBRUARY 13 2023

[Handwritten Signature]

Signature of a member or authorized representative of a member

JAVIER GARAY

Typed or printed name of signer

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MAIL ROOM

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