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| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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| TO: Registration Se Division of Cor | | | |
|--|---|--|---|
| SUBJECT: GS Freight | Management LLC | | |
| | | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Genel Joseph | | |
| | | Name of Person | |
| | | Firm/Company | |
| | | Address | |
| | 5782 NW BELWOOD CI | RCLE | - |
| | PORT ST. LUCIE, FL 349. | City/State and Zip Code 86 to be used for future annual report notif | ication) |
| For further information e | oncerning this matter, please c | all: | 74, 55 |
| Genel Joseph | | at (772) 301-2575 | 1 |
| Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for th | ne 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 Addres | | Street Address: | |
| Registration S | | Registration Sec | |
| Division of C P.O. Box 632 | - | Division of Corp The Centre of Ta | |
| 1.O. DOX 032 | • | THE COME OF T | u11411433CC |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GS Freight Management LLC | | |
|---|---|--|
| (Name of the Limited Liability Co (A Florida Lim | ompany as it now appears on our reco ited Liability Company) | ord <u>s.</u>) |
| he Articles of Organization for this Limited Liability Comp | pany were filed on May 5th, 2023 | and assigned |
| lorida document number L23000222772 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited | liability company here: | |
| he new name must be distinguishable and contain the words "Limited l | Liability Company," the designation "L | LC" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS | <u></u> | |
| | | |
| | | |
| nter new mailing address, if applicable: | · · · · · · · · · · · · · · · · · | |
| Mailing address MAY BE A POST OFFICE BOX) | | 1 |
| | | |
| | | i se p ju in ju in j i j i i j i i j i i j i i j i i j i i j i i j i i j |
| If amending the registered agent and/or registered off gent and/or the new registered office address here: | ice address on our records, <u>ent</u> | er the name of the new regist |
| Name of New Registered Agent: | | |
| New Registered Office Address: | <u> </u> | |
| | Enter Florida street address | |
| | | FloridaZip Code |
| | 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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------|--------------------------|----------------|
| AMBR | Genel Joseph | 5782 NW BELWOOD CIRCLE | ≘ ∧dd |
| | | PORT ST. LUCIE, FL 34986 | □Remove |
| | | | Change |
| AMBR | Silverman A. Civil | 2057 SW BAYSHORE BLVD | |
| | | PORT ST. LUCIE, FL 34984 | □Remove |
| | | | □Change |
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| ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of if the date inserted in this block does not meet the applicable statument's effective date on the Department of State's records. | |
| cord specifies a delayed effective date, but not an effective time, at 12 sfiled. | :01 a.m. on the earlier of: (b) The 90th day after t |
| $\operatorname{cd} \frac{7/7/2023}{}, \underbrace{2023}{}.$ | |
| | |
| Signature of a member or authorized repr | resentative of a member |

. . . .

Filing Fee: \$25.00