

# L230003210345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

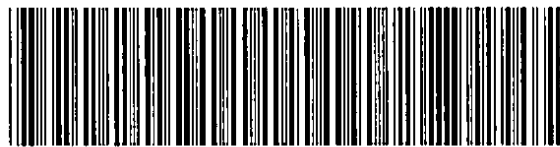
(Document Number)

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FILED  
23 SEP 15 AM 9:32  
FALLAHASSEE, FLORIDA

09/15/23--01005--002 \*\*25.00

RECEIVED  
2023 SEP 15 AM 8:49  
FALLAHASSEE, FLORIDA

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Gunn Ship 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:

Robert Gunn

Name of Person

Firm/Company

131 NW 6th Ave

Address

Delray Beach FL 33444

City/State and Zip Code

Robert.g.links@gmail.com

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

For further information concerning this matter, please call:

Robert Gunn

Name of Person

at (561)

Area Code

206-7862

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**

Gunnstip Logistics LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
23 SEP 15 AM 9:32  
HALL COUNTY CLERK  
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07-10-2023 and assigned  
Florida document number C23000321345.

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)

131 N.W. 6th Ave  
Delray Beach FL  
33444

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 6122  
Delray Beach FL  
33444

**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

City

Florida

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>
<u>MGR</u>	<u>Venicia Tripplett</u>	<u>3612 Victoria Drive</u>	<input type="checkbox"/> Add
		<u>West Palm Beach fl</u>	<input checked="" type="checkbox"/> Remove
		<u>33486</u>	<input type="checkbox"/> Change
<u>AP</u>	<u>Rosetta Carrin</u>	<u>136 N. W 6th Ave</u>	<input type="checkbox"/> Add
		<u>Delray Beach fl</u>	<input checked="" type="checkbox"/> Remove
		<u>33444</u>	<input type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
		<u>                                  </u>	<input type="checkbox"/> Remove
		<u>                                  </u>	<input type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
		<u>                                  </u>	<input type="checkbox"/> Remove
		<u>                                  </u>	<input type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
		<u>                                  </u>	<input type="checkbox"/> Remove
		<u>                                  </u>	<input type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
		<u>                                  </u>	<input type="checkbox"/> Remove
		<u>                                  </u>	<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: 6-7- (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 document'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 record is filed.

Dated 09.15., 2023



Signature of a member or authorized representative of a member

Robert Gunn

Typed or printed name of signee

**Filing Fee: \$25.00**