2/14/24, 12:26 PfM Division of Corporation

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240000619013)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AB ALL SERVICES INC

Account Number : I20200000155 Phone : (305)882-1238 Fax Number : (305)882-1260

**Enter	the	email a	address	for	this	busin	ess	entity	to	be	used	for	futu	ir
			mailin											

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN G STACK TRUCKING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

LEB 12 5054 T. LEMIEUX

COVERQUETTER

TO: Registration S Division of Co			
G STACK	TRUCKING LLC		_
SUBJECT:	Name of Lis	nited Liabrlity Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles o	f Amendment and fee(s) are sui	amitted for filing	
	ondence concerning this matter	_	
	GLENNY Y STACK		
		Name of Person	
	G STACK TRUCKING L	LC	
		Firm/Company	
	119 NW 7TH ST		
		Address	
	CAPE CORAL FL 33993		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
GLENNY Y STACK		239 628-9532	
Name o	of Person	at ()	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting 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 Division of C		Registration Sec	
P.O. Box 632		Division of Corp	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G STACK TRUCKING LLC		
(<u>Name of the Limited Lis</u> (A Fig	ability Company as it now appears on or orida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabilit		and assigned
Florida document number L24000053916	·	
This amendment is submitted to amend the following	ţ:	
A. If amending name, enter the new name of the	limited liability company here:	
G STACK LLC		
The new name must be distinguishable and contain the words "	Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here	ered office address on our records	enter the name of the Hew neglistered
Name of New Registered Agent:		1
New Registered Office Address:	MATERIAL STATE OF THE STATE OF	
	Enter Flovida stred	t address
	C:	, Florida
	City	Zip Gode

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			[] Change
			□ Add
			ПКетоуе
			□ Change
• • • • • • • • • • • • • • • • • • • •			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			□Change

· -							
							
				· ===			
		<u> </u>					
	 .				····		
		**************************************	······································				
				_	······································		
1 2 1		······································					
							 -
			***************************************	······························		-	-
					· · · · · ·		
····			····				
		 					_
Effective days if all and		***					
Effective date, if other than If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	Olock does n	iot medi ind ap	oplicable statut	ling or more that ory filling requ	(option 90 days after fi rements, this d	ral) ling.) Purswant to 6 late will not be li	05.0207 sted as
e record specifies a delayed efferd is filed.	tive date, but	not an effecti	ve time, at 12:	Haim, on the	earlier of: (b)	The 90th day af	ter the
2/14		24					
Dated 2/14		— ·					
Dated 214	nQ+	<u> </u>		seniative of a mo			

Filing Fee: \$25.00