



Office Use Only



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03/15/24 -01014--008 **25.00

COVER LETTER

TO: Registration Section Division of Corporation	ons			
SUBJECT: Globa	Same of Limit	Truckir ned Liability Company	ng Ll	. <u>C</u>
The enclosed Articles of Ameno	lment and fee(s) are sub-	mitted for filing.		
Please return all correspondence	concerning this matter	to the following:		
<u></u> ,	Shane	Mitche Name of Person		
(Global (Salaxy Th	ocking	LLC
<u>ا</u>	al Nelso	n Rd N		
_(Cape coro	City/State and Zin Code	993	
	Global GT E-mail address: (1	City/State and Zip Code 9209 9 9 10 be used for future annual rep	ort notification)	\cap
For further information concern				
Shane Mitch Name of Person	nell	at (<u>941</u>) <u>3</u> Area Code	17 - 7 Daytime Telepho	7 4d one Number
Enclosed is a check for the follo	wing amount:			
□ \$25.00 Filing Fee	530.00 Filing Fee & Certificate of Status	☐ \$55,00 Filling Fee & Certified Copy tadditional copy is enclose		\$60,00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed
<u>Mailing Address:</u> Registration Section	n	<u>Street Addi</u> Registrati	ress: on Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Galaxy Trucking LIC

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears of our reliability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000679746</u> .	were filed on OQ/II	4/2044 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here: 🚺	' \t
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	2624
(Principal office address MUST BE A STREET ADDRESS)		
		<u></u>
		73
Enter new mailing address, if applicable:	N/A	<u></u>
(Mailing address MAY BE A POST OFFICE BON)		t_ t_
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street a	udress

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.

City

N/A	
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>	Name	Address	Type of Action
MGR	Danielson, Shane, M	2221 Mountain meadow way Vallico, FL 33594	
			ERemove
		<u></u>	□Change
Ambr	Mitchell, Shane, S	421 Nelson Ddn cape co FL 33993	(9) (EAdd
			□Remove
			□Change
			□Add
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an effective d lote: If the	late is listed, the da date inserted in t	this block does n	e and cannot be pric	cable statutory fi	more than 90 days	optional) after filing.) Pursuant , this date will not l	to 605.0207) be listed as t
is filed.						f: (b) The 90th da	y after the
ated <u>O</u>	3-10		2024 2024 of a member or aud i + Che Typed or prin	'/			
	Merc	- Mi	New	/(
_		Signature o	of a member or aut	horized representat	ive of a member		