

L24000108935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

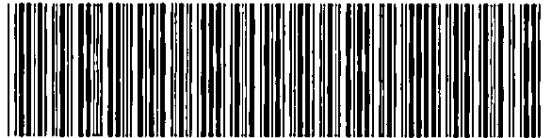
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5-17-24



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2024

5-17-24

ALTON T GAINER
1270 NORTH WICKHAM ROAD STE. 113
MELBOURNE, FL 32935

SUBJECT: GAINERS TRANSPORTATION
Ref. Number: L24000108935

We have received your document for GAINERS TRANSPORTATION LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett

Letter Number: 724A00010011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GAINERS Transportation
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:

Alton T Gainer
Name of Person

GAINERS TRANSPORTATION
Firm/Company

1270 North Wickham Road STE. #13
Address

Melbourne, FL 32935
City/State and Zip Code

Gainerstransportation@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alton Gainer at (321) 290-3120
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

~~PS~~ ☒ \$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

GAINERS TRANSPORTATION 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 3.4.2024 and assigned

Florida document number L24000108935

This amendment is submitted to amend the following:

A. Company Name (If new, enter the full name of the company here:

N/A

If the name must be distinguished, and comply with the requirements of the Florida Limited Liability Company, the designation "LLC" or the abbreviation "LLC."

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**)

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

I, [Signature], as registered agent and agree to act in this capacity. I further agree to comply with the duties and 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.

[Signature]
If Changing Registered Agent, Sign Here (If Not, Sign Here)

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 Ambr Name Address Type of Action

~~Ste #12~~ Alton Garner 1270 North Wickham Rd ☒ Add

STE #13 ☐ Remove

Melbourne, FL 32935 ☐ Change

Ambr Alton Garner 1270 North Wickham Rd ☒ Add

STE #13 ☐ Remove

Melbourne FL 32935 ☒ Change

Ambr Alton Garner 1935 Fillmore Ave ☒ Add

32935 Melbourne FL ☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

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

N/A

E. Effective date, if other than the date of filing: _____ (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.

Dated

4-7-24



Signature of a member or authorized representative of a member

Albert Carino

Typed or printed name of signer

Filing Fee: \$25.00