L24000268096



(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filling Officer.

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 $\widetilde{D}(t) = \sum_{i \in \mathcal{I}} \sum_{j \in \mathcal{I}_i} (-\mathbf{u}^{(j)}_{i,j} - \mathbf{v}^{(j)}_{i,j}) = \mathbf{u}^{(j)}_{i,j} \left(\mathbf{v}^{(j)}_{i,j} - \mathbf{v}^{(j)}_{i,j} - \mathbf{v}^{(j)}_{i,j} \right)$

TALLAHASSEE, FL

COVER LETTER

1714	ision of Corp	porations		
SHR IFCT:		COMPANY LLC		
SOBJECT		Name of Lim	ited Liability Company	
The enclosed	I Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		YARIEL CASTILLO REC	QUEIO	
			Name of Person	
		MGR		
		Mame of Limited Liability Company mendment and fee(s) are submitted for filing. dence concerning this matter to the following: YARIEL CASTILLO REQUEJO Name of Person MGR Firm/Company 3007 33RD ST SW Address LEHIGH ACRES, FL 33976 City/State and Zip Code CASTILLOYARIELS7@YAHOO.COM E-mail address: (to be used for future annual report notification) occurring this matter, please call: QUEJO 407 350-6672 Area Code Daytime Telephone Number		
		3007 33RD ST SW	Name of Limited Liability Company Indinent and fee(s) are submitted for filing. Index concerning this matter to the following: YARIEL CASTILLO REQUEJO Name of Person MGR Firm/Company 3007 33RD ST SW Address LEHIGH ACRES, Fl. 33976 City/State and Zip Code (ASTILLOYARIELS7@YAHOO.COM E-mail address: (to be used for future annual report notification) rning this matter, please call: EJO at (407) Area Code Daytime Telephone Number Howing amount: 1 530.00 Filing Fee & Certificate of Status &	
			Address	
		LEHIGH ACRES, FL 339	76	
			•	
		-		ton ton
				eation)
For further in	nformation co	oncerning this matter, please ca	all:	
YARIEL CA	ASTILLO RE	EQUEJO	407 350-6672	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy

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

TO:

Registration Section

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GC TRANS COMPANY LLC				
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited L	ny as it now appears on our re liability Company)	cords.)	
The Articles of Organization for this Limited Liab		were filed on FLORIDA		_ and assigned
Florida document number L24000268096				
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liabi	ility company here:		
he new name must be distinguishable and contain the word	ds "Limited Liabil	ity Company," the designation "	1.1.C" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		1105 SE 23RD PL		
Principal office address MUST BE A STREET	ADDRESS)	LEHIGH ACRES, FL 339	76	2021
			<u> </u>	<u>S</u>
Satura and modificated and least of applicables		1105 SE 23RD PL	ASSO	N .
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		LEHIGH ACRES, FL 339	Fig. mas	
			71.51	
3. If amending the registered agent and/or	registered of	fice address on our rec	ords, enter th	_
registered agent and/or the new registered office			,	
Name of New Registered Agent:	YARIEL CASTILLO REQUEJO			
New Registered Office Address:	3007 33RD ST	sw	_	
***		Enter Florida street aa	ldress	
	LEHIGH ACRI	ES	. Flo r ida <u>3397</u> 6	<u></u>
		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 Chapting 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>	Type of Action
MGR	YARIEL CASTILLO REQUEJO	3007 33RD ST SW	
		LEHIGH ACRES, FL 33976	□ Remove
MGR	ORLANDO A CORDO VALMAN	3007 33RD ST SW	☐ Add
		LEHIGH ACRES. FL 33976	■ Remove
		 	□ Change
			☐ Add
			☐ Remove
			Change
			☐ Remove
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		<u></u>	☐ Remove
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Effective date, if other than tage of the date of the	nust be specific and cannot be prie block does not meet the appli	or to date of filing or more that cable statutory filing requ	(optional) 190 days after filing.) Pursuant to 6 rements, this date will not be li	05.020 sted a
ne record specifies a delay The 90th day after the re	ed effective date, but neecord is filed.	ot an effective time,	at 12:01 a.m. on the ear	lier d
09/16/2024 Dated	01:00PM			
M)				
(1101/hr /2				

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Typed or printed name of signee

Filing Fee: \$25.00