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Office Use Only



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## LAURENCE J. PINO, PA

January 3, 2017

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Cir. Tallahassee, FL 32301

Re: JOLLY TRANSPORT, LLC

Dear Sir:

We recently acted as the closing agent for the sale of all membership interests in JOLLY TRANSPORT, LLC, a Florida limited liability company. Pursuant to that closing, the former Registered Agent and the former Members/Managers have resigned and are being replaced by the new Registered Agent and the new Member/Manager. To effect those changes, the following executed documents and checks are enclosed with this letter:

Check No. 4398 in the amount of \$160.00, to pay the filing fees for the following:

- 1. Statement of Resignation of Registered Agent, with cover letter.
- 2. Dissociation or Resignation of Member, Manager Cheryl Saragossi, with cover letter.
- 3. Dissociation or Resignation of Member, Manager Franck Saragossi, with cover letter.
- 4. Dissociation or Resignation of Member, Manager Rose Peiser, with cover letter.

Check No. 4399 in the amount of \$25.00, to pay the filing fee for the following:

1. Articles of Amendment to Articles of Organization of JOLLY TRANSPORT, LLC, with cover letter.

Please return all correspondence concerning the enclosed to Patricia Wilson, PINONICHOLSON, PLLC, 189 S. Orange Avenue, Suite 1650, Orlando, FL 32801.

Should you have any questions or need anything further, please don't hesitate to contact me by email: <a href="mailto:pat@pinonicholsonlaw.com">pat@pinonicholsonlaw.com</a> or by phone at 407-620-7143.

Thank you for your assistance.

Sincerely,

PINONICHOISON, PLLC

Patricia T. Wilson, Sr. Paralegal

PTW

Enclosures

### **COVER LETTER**

	egistration Sec division of Corp			
elip (EC)		ANSPORT, LLC		
SUBJECT	·	Name of Limi	ted Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	ırn all correspor	ndence concerning this matter	to the following:	
		PATRICIA WILSON, SR.	PARALEGAL	
			Name of Person	
		PINONICHOLSON, PLLC		
			Firm/Company	<del></del>
-		189 S. ORANGE AVENU	E, SUITE 1650	
			Address	
•		ORLANDO, FL 32801		
			City/State and Zip Code	
-		ljp@pinonicholsonlaw.com		
		E-mail address: (	to be used for future annual report	notification)
For furthe	r information co	oncerning this matter, please ca	all:	
Patricia V	Vilson		407 620-7143 at ( )	3
	Name of	Person	Area Code Day	time Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Nome of the Limited Lie	hility Compo	nu as it now annous an alle soos	nde )
(A Flo	orida Limited L	ny as it now appears on our reco liability Company)	rus.)
The Articles of Organization for this Limited Liabilit Florida document number L09000078588	y Company	were filed on8/14/09	and assigned
This amendment is submitted to amend the following	2:		
	-	2014	
A. If amending name, enter the new name of the	limited liab	ility company here:	
The new name must be distinguishable and contain the words	Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		189 S. ORANGE AVENUE	75 172
(Principal office address MUST BE A STREET AL	DDRESS)	SUITE 1650	7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
-		ORLANDO, FL 32801	ж ж ж т
Enter new mailing address, if applicable:		P. O. BOX 1511	
(Mailing address MAY BE A POST OFFICE BOX)		ORLANDO, FL 32802	7AIE 20
B. If amending the registered agent and/or registered agent and/or the new registered office and agent and/or registered agent ag	address her		rds, <u>enter the name of the new</u>
16	R9 S ORANO	GE AVENUE, SUITE 1650	
New Registered Office Address:		Enter Florida street add	ress
0	RLANDO		Florida 32801
<del>-</del>	<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:		
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regist company has been notified in writing of this change in the change in the change in the change in the change in writing of this change in the chang	nd complete ed agent as stered office nge.	performance of my duties, provided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is that the limited liability

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	WILLIAM P. SOUSA	P. O. BOX 1511	
		ORLANDO, FL 32802	Remove
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	after the record					
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The 90th day a steed December 21		20) gnature of a member	er or authorized repr		AHA AHA	1

Page 3 of 3

Filing Fee: \$25.00