## 1300134415

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## **COVER LETTER**

	Transport LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Munee Ramharrack		
		Name of Person	
	Jaaneman Transport LLC		
		Firm/Company	
	450 Flounder Ave NE Address		
		Address	
	Palm Bay Fl 32907		
	mikeyram64@yahoo.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Munee Ramharrack		561 6762715 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$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:

TO:

Régistration Section Division of Corporations

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

Jaaneman Transport LLC		
(Name of the Limited Liability Co) (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing document number L13000134415	any were filed on September 23, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
MJR Trucking LLC		-14 A
The new name must be distinguishable and contain the words "Limited Lenter 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 registered agent and/or the new registered office address	d office address on our records, ent	C18 Pt 9: 45
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address , Florida	
	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 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if othe	r than the date	of filing:	er 14, 2017	(optio	nal)
If an effective date is listed	the date must be spe	ecific and cannot be p		nore than 90 days after	filing.) Pursuant to 605,0207 date will not be listed as
document's effective da					
ne record specifies The 90th day afto			not an effective	time, at 12:01 a	.m. on the earlier of
December 14,20	17				
Dated	$\overline{}$	· · · · · · · · · · · · · · · · · · ·	•		
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Filing Fee: \$25.00

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