## 121000426009

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21 BCV -5 FH 2: 48

T. MATTHEWS NOV 1 2 2021

## **COVER LETTER**

TO: Registration S Division of Co			
	nsport LLC		
SUBJECT:	Name of Lin	ited Liability Company	
	f Amendment and fee(s) are sub	-	
Please return all corresp	ondence concerning this matter	to the following:	
	Jarrad Williams		
		Name of Person	
	3 Jaze Transport LLC		
		Firm/Company	
	1888 NW 49th St		
		Address	
·	Miami, FL 33142		
		City/State and Zip Code	
	jarradw79@gmail.com		
For further information	t-mail address: ( concerning this matter, please c	to be used for future annual report notification)	
	concerning this matter, prease e		
Jarrad Williams	<u> </u>	at () Area Code Daytime Telephone Number	
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	Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &
Mailing Addre Registration Division of ( P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303	0

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## ARTICLES OF AMENDMENT

ARTICLES O	OF ORGANIZATION OF 21 NSV -5 PH 2: 48
	mir 0, 1,8
3 Jaze Transport LLC	21 NSY -5 Ph 2 40
( <u>Name of the Limited Liability (</u> (A Florida Lii	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com	ipany were filed on 9/28/2021 and assigned
lorida document number L21000426009	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
N/A	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRES	5.5}
·	·
lor Enter new mailing address, if applicable:	N/A
Mailing address MAY BE A POST OFFICE BOX)	
Mailing uddress MAT BL A TOST OFFICE BOXY	
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent: N/A	
New Registered Office Address:	
	Enter Florida street address
·	, Florida
	City Zıp Code
New Registered Agent's Signature, if changing Registered A	gent:
provisions of all statutes relative to the proper and com- accept the obligations of my position as registered agen	d agree to act in this capacity. I further agree to comply with the aplete performance of my duties, and I am familiar with and not as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
Ī	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 = A $AMBR = A$	danager Authorized Member	Address 21 1/51 - 5 PM 2: 48 Type of Action 1888 NW 49th ST		
<u>Title</u>	<u>Name</u>	Address PN 2: 48	Type of Action	
MGR	Jarrad Williams	1888 NW 49th ST	🖾 Add	
		Miami, FL 33142		
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			□Change	
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ffective date, if other tha	on the date of filing:	28/2021	(onti	onal)
an effective date is listed, the d	ate must be specific and cannot		g or more than 90 days after	r filing.) Pursuant to 605.0207 (
<u>lote:</u> If the date inserted in ocument's effective date or	this block does not meet the the Department of State's	e applicable statutor; records.	y filing requirements, thi	is date will not be listed as t
	·			
record specifies a delayed e l is filed.	ffective date, but not an eff	ective time, at 12:01	a.m. on the earlier of: (b	) The 90th day after the
October 7th	202	1		
ated	<del></del>			
	4/ AA/	<u>.                                    </u>		

Filing Fee: \$25.00

Typed or printed name of signee