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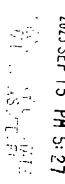
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| PICK-UP WAIT MAIL                       |   |
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| Certified Copies Certificates of Status |   |
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| Special Instructions to Filing Officer. |   |
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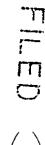
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## **COVER LETTER**

| TO: Registration Section Division of Corporations   | ·   |
|---|---|
| SUBJECT: J. W Reliable Transportation LLC Name of Limited Liability Company   |   |
| The enclosed Articles of Amendment and fee(s) are submitted for tiling.   |   |
| Please return all correspondence concerning this matter to the following:   |   |
| Asia D. Nelson<br>Name of Person  |   |
| J.W Reliable Transportation   | LLC.  |
| 1519 N.W 15th Street  |   |
| Fort Landerdaue, Fl. 33311 City/State and Zip Code  |   |
| E-mail address: (to be used for future annual report notification)  |   |
| For further information concerning this matter, please call:  |   |
| Asia Ne.1800  Name of Person  at (247) 347-1436  Area Code Daytime Telephone 8  | O<br>Number   |
| Enclosed is a check for the following amount:   |   |
| Certificate of Status Certified Copy Ce (additional copy is enclosed) Ce  | 0.00 Filing Fee, ertificate of Status & crtified Copy ddmonal copy is enclosed) |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations |   |

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

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

| The Articles of Organization for this Limited Lia<br>Florida document number <u>L 7300024</u> |  | were filed on $5-18$   | <u>3- 2023                                   </u> | nd assigned      |
|---|--|------------------------|---|------------------|
| This amendment is submitted to amend the follow   | wing:  |                        |   |                  |
| A. If amending name, enter the new name of  | the limited liabi  | lity company here:     |   |                  |
| The new name must be distinguishable and contain the wo                                       | mendment is submitted to amend the following:  mending name. enter the new name of the limited liability company here:  mame must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  new principal offices address, if applicable:  ipal office address MUST BE A STREET ADDRESS)  new mailing address, if applicable:  ing address MAY BE A POST OFFICE BOX)  mending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:  Name of New Registered Agent:  ASICA NOLSON |                        |   |                  |
| Enter new principal offices address, if applica   | ble:   |                        |   |                  |
| (Principal office address MUST BE A STREET  | ADDRESS)   |                        | . <u>.</u>  |                  |
| Enter new mailing address, if applicable:   | 2 <b>0V</b> )  |                        | 2023 SEP 15                                       |                  |
| -   | gistered office a  | ddress on our records. |   | <del>, 1-/</del> |
| Name of New Registered Agent: New Registered Office Address:                                  |  |                        | Freet   |                  |
|   | Fort   |                        | _, Florida <u>33</u> .                            | 311<br>Code      |

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

New Registered Agent's Signature, if changing Registered Agent:

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 = Authorized Member

| <u>Title</u> | <u>Name</u>    | <u>Address</u>                                 | Type of Action |
|--------------|----------------|--|----------------|
| MGR          | Jenesta Difton | 1519 N.W 15th St.<br>Ff. 10 uderdale, ff 33311 | □Add           |
|              |                | Ff. louderdale, ff 33311                       | OrRemove       |
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| (If an effec<br>Note: If  | e date, if other than the date of filing:  | i.0207 (3<br>ed as th |
| documer                   | nt's effective date on the Department of State's records.  |                       |
| he record<br>ord is filed | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after<br>d. | r the                 |
| Dated _                   | September 11. 2023.  |                       |
|                           |  |                       |
|                           | Signature of a member or authorized representative of a member   |                       |