# L04000083515

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SECRETARY OF STATE STATE OF STATE OF CORPORATIONS OF CORPORATIONS

1. BRYAN JAN 3 D 200Z

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: J & J TRANSPORTATION LLC		
(Name of Limited Liability Company)		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
JOSE VARGAS		
(Name of Person)		
J&J Transportation LC.		
9737 NW 41 STREET SUITE #127	o <sup>'</sup>	
(Address)	7	71S10
DORAL FL, 33178	JAN 29	記され
(City/State and Zip Code)	õ	82
For further information concerning this matter, please call:	PM 2: 30	RPORATIONS
JOSE VARGAS at ( 305 ) 303-1966	30	ONS.
(Name of Person) (Area Code & Daytime Telephone Number)	-	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee  Certificate of Status  S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	losed)	

### 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

# J & J TRANSPORTATION LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of document number	f Organization were filed of ber L04000083515	on NOVEMBER 17, 200	04 and assigned				
SECOND:	This amendment is submitted to amend the following:							
	Article II	Principal address:	9737 NW 41 STRE	ET SUITE # 127				
			DORAL FL, 33178					
		Mailing address:	9737 NW 41 STRE	EET SUITE # 127				
			DORAL FL, 33178	3 0 0 /	/			
	Article IV	Registered agent:	Jose J. Vargas	begoeige	<u>, 67</u>	7		
			10777 NW 84 LN	I UNIT # 1		-		
	DORAL FL, 33178							
	Т	he name and addre	ss of managing are:	Title: MGRM				
				Jose J. Vargas				
	10777 NW	' 84 LN UNIT # 1		DORAL FL,33178				
Dated JA	NUARY 25	<u>, 200</u>			O7 JAN	DISIVIO DEC		
			De Depos		29 PH	RETARY OF S		
		Signature of a member	or authorized representative of	a member	2: 30	STATE		
	JOSE J V	<u>_</u>	nintal name of ciaras		_ <del>_</del> _	SKC		
		ı ypea o	r printed name of signee					

Filing Fee: \$25.00