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COVER LETTER

Division of Cor	porations			
	EA TRANSPORT, LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of .	Amendment and fee(s) are subt	nitted for filing.		
Please return all correspo	ndence concerning this matter t	to the following:		
	DAN	IL WEINSTEIN		
	8 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Name of Person		
	J&A TI	RANSPORT, LLC		
Firm/Company				
	6323 LA	6323 LACOSTA DR APT F		
		Address		
	ВО	CA RATON, FL 33433		
		City/State and Zip Code nsportationIIc@gmail.com		
	-	to be used for future annual report notifi	reation)	
For further information c	concerning this matter, please co			
Danil Wei	nstein	561 962 1511 at ()		
Name o	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Cert(fied Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section

TO:

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&A TRANS	PORT LLC	
(Name of the Limited	Hiability Company as it now appears on our A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Lia Florida document number	bility Company were filed on 11/13/2013	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	TADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	30X)	18 DEC 18
B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered office address on our fice address here:	records, entersthe name of the new
Name of New Registered Agent:	DANIL WEINSTEIN	
New Registered Office Address:	Enter Florida stre	et address
		, Florida
	Circ	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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Pres	Dzmitry Shauchenka		
			■ Remove
			☐ Change
PRES	Danil Weinstein		Add
,			□ Remove
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the re) The	cord specifies a delayed e 90th day after the reco	effective date, burd is filed.	ut not an effecti	ve time, at 12:0	tain, on	₹n e carli	ier of:
Dated	November 13th	2018	·				
		Ham				·	
		signated of a member o	r authorized represen	tative of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00