# L00000101611

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
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## CAPITAL CONNECTION, INC.

**417** E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JTW TRANSPORT L	LC					
				Art of Inc. File		
				LTD Partnership File Foreign Corp. File		
				L.C. File	_	
			***	Fictitious Name File		
				Trade/Service Mark		
				Merger File	2019 APR 30	**************************************
			_	Art. of Amend, File	22 23 a	
				RA Resignation	**-	등미류
				Dissolution / Withdrawal	Σ. α.	
			<del></del>	Annual Report / Reinstatement		<b>—</b>
				Cert. Copy	; 4	0
			<u> </u>	Photo Copy		
				Certificate of Good Standing		<u> </u>
				Certificate of Status		
				Certificate of Fictitious Name		
				Corp Record Search	<del></del>	
				Officer Search		
			<u></u>	Fictitious Search		
Signature				Fictitious Owner Search		
			<u></u>	Vehicle Search		
				Driving Record		
Requested by: BA	4/30/19			UCC 1 or 3 File		
Name	Date	Time	<del></del>	UCC 11 Search		
Walk-In	Will Pick Up	<del></del>		UCC 11 Retrieval	_	

### **COVER LETTER**

TO:

Registration Section

Division of Co	rporations				
	NSPORT LLC				
SUBJECT:	Name of Li	mited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
	WINSTON JACKSON				
		Name of Person			
		Firm/Company			
	4846 N UNIVERSITY D	• •			
	<del></del>	Address			
	LAUDERHILL, FL 3335	1			
	TTUTE ANGROPM I CO	City/State and Zip Code			2019
	JTWTRANSPORTLLC@0	GMAIL.COM (to be used for future annual report not	(fication)		9 <u>4.</u> PR
For further information of	oncerning this matter, please c	•	······································		R 30
MORIAH JENKINS 772 460-6786			3		
Name o	f Person		ic Telephone Number		8: 39
Enclosed is a check for th	e 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 Filia Certificate Certified C (additional co	of Status Copy	
Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle		

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JTW TRANSPORT LLC		
(Nema of the Limited Clability Come (A Florida Limited	nany og it now annours an our racords Limbility Compony)	,)
The Articles of Organization for this Limited Liability Company Florida document number	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	illty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del> -	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		21
(Malling address MAY BE A POST OFFICE BOX)		120 6
		30
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address has		enter the name of the new
		<u> </u>
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	Clty	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 Rogistered Agent

if amending Authorized Person(s) authorized to manage, enter the title, name, and address of each nerson being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	vellonic Jackson	32 CRANNYFIELD DR	8.44
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		L7A 3X2	
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ote: If the date	Fother than the date is listed, the date must be specificated in this block do live date on the Departm	ecilic and cannot be prio ses not meet the applic	r to dute of filing or mo cable statutory filing	re than 90 days after fil	ing.) Pursuant to 605.0	207 (3)(b) I as the
record spec The 90th day	ifles a delayed effer after the record is	ctive date, but no i filed.	ot an effective th	me, at 12:01 a.n	n, on the earlier	of:
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ited APR			<b>7</b> 8 /			