L09000012079

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J. BRYAN

JAN - 8 2009

EXAMINER

COVER LETTER

Division of C	Corporations	
SUBJECT:	JLT Transportation LLC	
	Name of Limited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.	
Please return all corre	espondence concerning this matter to the following:	
	Natalia Polansky	
	Name of Person	
JLT Transportation LLC		
Firm/Company		SEC
1425 nw 10th street # 2 Address		JAN-7 PH 1:29 CRETARY OF STATE LAHASSEE, FLORIDA
		NRY SSEI
	Dania Beach, Florida, 33004	E E
	City/State and Zip Code	STAI LORN
	info@jlttours.com E-mail address: (to be used for future annual report notifica	Smi G
For further informatic	on concerning this matter, please call:	aon)
	at ()	26-9879
Nan	nc of Person Area Code & Daytime T	elephone Number
Enclosed is a check for	or the following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

JL The state of th	T Transportation LLC			
(Name of the Limited Lie	ability Company as it now appears of orida Limited Liability Company)	on our records.		
(711)	onda Emmod Edomy Company)			
The Articles of Organization for this Limited Liabi	ility Company were filed on	02/05/2009	and assi	igned
Florida document numberL0900001207	79 _.		FALL SE	
			LACR LA	T) .
This amendment is submitted to amend the following	ing:		A A A	Carriero Carriero
			SSE A	
A. If amending name, enter the new name of the	e limited liability company here:		F. R.	[1]
			- FS	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company	" the designation	""LECTOR Wa	bbreviation
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET)	ADDRESS)			
Enter new mailing address, if applicable:				,
(Mailing address MAY BE A POST OFFICE BO) <i>X</i>)			
11.12.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.				······································
				
B. If amending the registered agent and/or	registered office address on our	records, ente	r the name of	f the new
registered agent and/or the new registered office		-		
Name of New Registered Agent:				
New Parietored Office Address				
New Registered Office Address: Enter Florida street address				
	TN . * 1			
-	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Reg	·		•	

If Changing Registered Agent, Signature of New 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Natalia Polansky	444 ne 30th street # 402 Miami, Florida, 33137	Add ✓ Remove
MGRM_	David Lehotsky	444 ne 30th street # 402 Miami, Florida, 33137	Add Remove
			Add Remove
			Add Remove
	<u></u>		Add Remove
			Add Remove
D. If amendi	ing any other information, enter change(ASSEE	FIL I
		FLORIDA	FH 1:29
 Dated	January 5th 201	0	_
	(// Na	or authorized representative of a member atalia Polansky r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00