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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: JACKSONVILLE JOE TRANSPORTATION LLC

The enclosed Articles of Amendment and fec(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

	Jose 1	Lazcano		,
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
			i .	
		Firm/Company		
•	7990 Bud	ngeodows Rd.	E.#507	2910 JUN
			~ 1	JUN -7
•	joe laze	city/State and Zip Code cno@live, Con	7	PH 12:
	E-mail address: (to be used for tulure annual report netificat	ion)	ΐ
Por further information of	concerning this matter, please o	all:	₽ A	မှာ
Jose L	a Hano	# JOH 887	-0397	
Name o	f Person	Area Code & Daytime To	elephane Number	
Enclosed is a check for t	ne following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	260.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclose	ď)

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
Tallahasses, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JACKSONVILLE JOE	TRANSPOR	TATION	1240	- -
(Name of the Limited Liability Cor (A Plorida Limi	meany as it now appears on or ted Liability Company)	ir records.)		
The Articles of Organization for this Limited Liability Comp Florida document number <u>L. 100000</u> 20		23/2010	nd assigned	
This amendment is submitted to amend the following:		• •	. ·	
A. If amending name, enter the new name of the limited	liability company here:	:	•	
OTB STRATEC	BIC PAR	TNER	'S L	LC
The new name must be distinguishable and end with the words "I" L.L.C."	Limited Liability Company," th	e designation "LLC" (or the abbreviation	a
Enter new principal offices address, if applicable:	<u></u>	•		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		対。。は	
•			58 5	-
•				1. }
Enter new mailing address, if applicable:	-		SS 25	
(Mailing address MAY BE A POST OFFICE BOX)			M. 2	m
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The Total and the contract of the terms of the contract of t			ည်	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	here:	corus, <u>enter the hi</u>	me of the nev	¥
Name of New Registered Agent:			;	
New Registered Office Address:		·	•	
	Enter Flo	rida street address		
	:		;	
	City	Zip	Code	
New Registered Agent's Signature, if changing Registered Age	ent :		:	

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>: MGR = Manager

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Page 2 of 2

Filing Fee: \$25.00