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EXAMINER

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TALLAHASSEE, FI GRIEV

COVER LETTER

TO: 'Registration S Division of Co					
SUBJECT:	JNT Tra	nsport LLC ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
		Name of Person	1.0		
	۱۷ ر	Transport L			
	1447	Sumana Loop Address		28	
		Beach FL 335 City/State and Zip Code Val 2 10 E SMC; to be used for future annual report notifica	572 il.com	2011 NOV -9 PM 4: 80 SECRETARY OF STATE ALLAHASSEE: FLORIO	
For further information of	concerning this matter, please of	eall:		STATI	
Name o	o Valdivia of Person	at (\$13) 50 3 - 3 Area Code & Daytime T	S 6 6 9 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 & Certified Copy (additional copy is enclosed)	\$60.00 Filing F Certificate of Certified Cop (additional co	Status &	

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

JNTT	y Company as it now appears on our records.) Limited Liability Company)
(Name of the Limited Liabilit (A Florida	
The Articles of Organization for this Limited Liability of Florida document number 4100000 5690°	
This amendment is submitted to amend the following:	STATE
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1447 Jumana Loop
(Principal office address MUST BE A STREET ADD)	RESSI Apollo Beach, FL 33572
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new</u> dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 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

MGRM = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JulioValdivia	1447 Jumane Loop Apollo Reach, FL 3392	X Add Remove
MLR	Terille Valdivia	Apollo Beach, FZ 3357	Add Remove
			AND AND SET OF S
			Add
			Remove Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
			_
Dated	, 20		
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00