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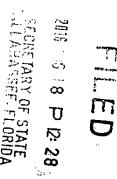
(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	istration Sec sion of Corp					
SUBJECT:	Transporte I	O&JLLC				
Name of Limited Liability Company						
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Eduardo J Mendez				
			Name of Person			
		Mendez Rothbard Molieri	& Co LLC			
			Firm/Company			
		2600 S Douglas Rd Suite S	501			
			Address			
		Coral Gables, FL 33134				
		-	City/State and Zip Code			
		ejmendez@mrmco-cpa.com	1 to be used for future annual report notifi			
			·	cation)		
For further in	formation co	oncerning this matter, please ca	all:			
Eduardo J Mo	endez		305 742-2800 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for the	e following amount:				
\$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

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

Transporte D & J LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number _ L10000092779 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 16210 Laurel Dr Enter new principal offices address, if applicable: Suite 203 (Principal office address MUST BE A STREET ADDRESS) Weston, FL 33326 16210 Laurel Dr Enter new mailing address, if applicable: Suite 203 (Mailing address MAY BE A POST OFFICE BOX) Weston, FL 33326 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	<u>Address</u>		Type of Action
MGR	Vazquez, Blanca M	16210 Laurei Dr.		_□ Add
		Suite 203		_□ Remove
		Weston, FL 33326		Change
AMBR	Olmedillo, Ramon	16210 Laurel Dr.		_ ■ Add
· · · · · · · · · · · · · · · · · · ·		Suite 203		_□ Remove
	Weston, FL 33326		_□ Change	
MGR	Cano, Josue	3300 NW 67th Ave		_□ Add
		Miami, FL 33122		_■ Remove
			_□ Change	
			_□ Add	
				_□ Remove
			_□ Change	
				_□ Add
			22 S S P I2: 28	Remove
				☐ Change

							
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ffective date, if other than the date an effective date is listed, the date must be spiote: If the date inserted in this block do ocument's effective date on the Departn	ecific and cannot oes not meet the	e applicable st	of filing or mo atutory filing	re than 90 da requiremen	(optiona ys after filints, this da	ng.) Pursuan	t to 605.020 be listed ε
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e record specifies a delayed effe The 90th day after the record is	s filed.		effective ti	me, at 12	:01 a.m	n. on the	earlier
e record specifies a delayed effective for the 90th day after the record is ated August 08	s filed.	6			28.E - 193	n. on the	earlier
e record specifies a delayed effective for the 90th day after the record is pated August 08	s filed.	6			28.E - 193	n. on the	earlier

Page 3 of 3

Filing Fee: \$25.00