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11. IIIN 20 PM 2: 58

JUN 2 1 2011

COVER LETTER

TO:	Registration Section Division of Corpor			
SUBJI	ест: <u>JP 7<i>ra</i></u>	nsportation W Name of Limi	ISA , LLC ited Liability Company	
The en	closed Articles of Am	endment and fee(s) are sub	omitted for filing.	
Please	return all corresponde	nce concerning this matter	to the following:	
	-	Yacelis He	mande Name of Person	
	-		Firm/Company	
	-	7675 Tama	arac Island Cir	· · · · · · · · · · · · · · · · · · ·
	-	Tamarac, F	City/State and Zip Code HON USA @ Uahoo. a to be used for future annual report noti	LDM fication)
For fur	ther information conc	erning this matter, please c		,
J	Jacolis He Name of Per	mander son	at (<u>954)</u> 242 31 Area Code & Daytin	16 9 ne Telephone Number
Enclos	ed is a check for the fo	llowing amount:		
□ \$25	.00 Filing Fee]\$30.00 Filing Fee & Certificate of Status	S55.00 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 **ARTICLES OF ORGANIZATION OF**

SECRETARY OF STATE DIVISION OF CORPORATIONS

11 JUN 20 PM 2:58

				1100		
JP TRANSPORTATI	ON USA	1 LLC				
JP TRANSPORTATI (Name of the Limited L (AF	iability Com Torida Limite	pany as it nov d Liability Co	v appears or mpany)	our records.)		
The Articles of Organization for this Limited Lial						
		ny were meu	011 00/1	1/0011	and assigned	
Florida document number <u>L 110000 57 90</u>	<u>) 8 </u>					
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited li	ability comp	any here:			
The new name must be distinguishable and end with "L.L.C."	the words "Li	mited Liabilit	y Company,"	the designation	"LLC" or the abbrevia	_ ion
Enter new principal offices address, if applicat	ole:					_
Principal office address MUST BE A STREET	ADDRESS)					
						-
		-				-
Enter new mailing address, if applicable:						_
Mailing address MAY BE A POST OFFICE BO	<u>9X)</u>					
				, ,		-
			•			-
B. If amending the registered agent and/or registered agent and/or the new registered office			ess on our	records, <u>ente</u>	r the name of the n	e <u>w</u>
Name of New Registered Agent:	CESAR	A HE	LNAND	72		-
New Registered Office Address:	7675	TAMAR	AC JS	lAND CI	RCLE	
New Registered Office Address: 7675 TAMMAC JS AND CIRCLE Enter Florida street address						
	TAM	MARC		, Florida	333み Zip Code	
		City			Zip Code	-
New Registered Agent's Signature, if changing Reg	gistered Ager	ıt:				
hereby assent the appointment as recistored			. 41-2	34. I.C.,		

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

Page 1 of 2

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 **Type of Action Title** Name 1 <u>Address</u> __ Add ☐ Remove □ Add ☐ Remove Add ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member HERNANDEZ
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00