41000001

| (Requestor's Name) (Address) | 300210802693 | | | | |
|--|--------------------------|--|--|--|--|
| (City/State/Zip/Phone #) | | | | | |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status | 08/15/1101033004 **60.00 | | | | |

Special Instructions to Filing Officer:

L. SELLERS

AUG 17 2011

EXAMINER

Office Use Only



COVER LETTER

| TO: | Registration S Division of Co | | | | |
|---------------|----------------------------------|--|--|--|--|
| SUBJ | ECT: | JGD T | ransport, LLC | | |
| SO DO | | | ited Liability Company | | |
| | | f Amendment and fee(s) are sul | - | | |
| Please | return all corresp | oondence concerning this matter | r to the following: | | |
| | | | Jose A. Cid | | |
| | | | Name of Person | | |
| | JGD Transport, LLC | | | | |
| | | | Firm/Company | | |
| | | | 5866 S.W. 162 Path | | |
| | | | Address | | |
| | | | Miami, Fl. 33193 | | |
| | | | City/State and Zip Code | | |
| | | jos E-mail address: (| se.cid622@gmail.com to be used for future annual report notif | ication) | |
| For fur | ther information | concerning this matter, please of | eall: | | |
| | | Jose A. Cid | at (_786_) | 447-7134 | |
| | Name | of Person | Area Code & Daytim | e Telephone Number | |
| Enclos | ed is a check for | the following amount: | | | |
| □\$ 25 | 5.00 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) | |
| | Regis | LING ADDRESS: tration Section | STREET/COURI Registration Section | on | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JGD Trans | port, LLC | | | | | | |
|--|------------------------------|---------|-----------|-----------------------|-----------------|-----------|-------------------|
| (Name of the Limited Liability Compan (A Florida Limited L | y as it now an ability Compa | pears o | n our r | ecords. | | | |
| The Articles of Organization for this Limited Liability Company Florida document numberL11000086010 | | | | | a | ınd assiş | gned |
| This amendment is submitted to amend the following: | | | | | | | |
| A. If amending name, enter the new name of the limited liabi | lity company | here: | | | | | |
| The new name must be distinguishable and end with the words "Limit "L.L.C." | ed Liability Co | ompany, | " the de | signation | "LLC" | or the ab | breviation |
| Enter new principal offices address, if applicable: | | | . <u></u> | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | ····· | ···· | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | | | | | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | | on our | recore | ds, <u>ente</u> | r the n | ame of | the new |
| Name of New Registered Agent: | | | | | His Constant | E | क्यापूर्णातुः |
| New Registered Office Address: | | Enter | Florida | ı street a | ddress | <u> </u> | <u> </u> |
| | | enter. | | r sireer a Florida | 原之 | 5 PI | 1 |
| | City | | ·······• | rioi ma | Zij | Code | O |
| New Registered Agent's Signature, if changing Registered Agent: | | | | | A DA | É | |

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, 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 |
|--------------|-----------------------------|---|----------------|
| MGR | Carmen D. Cid | 5866 S.W. 162 Path | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | AddRemove |
| | | | AddRemove |
| D. If amen | ding any other information, | enter change(s) here: (Attach additional sheets, if necessar | v.) |
| | | | |
| | | | |
| Dated | August 10 | Jose Aman Cil | |
| | Signatur | e of a member or authorized representative of a member Jose A. Cid | |
| | | Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00