113000014672

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S. WARREN
JUL 0 5 2017



June 13, 2017

THIAGO I ASSUNCAO 10810 CABBAGE TREE LOOP ORLANDO, FL 32825

SUBJECT: TRANS TATI TRANSPORTE LTD. LIABILITY CO.

Ref. Number: L13000014672

We have received your document for TRANS TATI TRANSPORTE LTD. LIABILITY CO. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L13000028197 J1 TRANSPORT LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 217A00011991

COVER LETTER

TO:		stration Sec ion of Corp				
CHDIF		FRANS TA	TI TRANSPORTE LTD.LIA	BILITY CO.		
SUBJE	C1: _		Name of Lin	nited Liability Company		
The enc	:losed /	Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn a	ill correspor	idence concerning this matter	to the following:		
			THIAGO I ASSUNCAO			
				Name of Person		
				Firm/Company		
			10810 CABBAGE TREE	LOOP		
			Address			
			ORLANDO, FL 32825			
			DADADDED ZZATE MUT	City/State and Zip Code		
			RABARBER@ATT.NET E-mail address: (to be used for future annual report no	tilication)	
For furth	her inf	ormation co	ncerning this matter, please c	all:		
RICHA	RD A	BARBER (CPA	407 327-9935		
	_	Name of	Person	at () Area Code Daytii	ne Telephone Number	
Enclosed	d is a c	heck for the	e following amount:			
\$25.	.00 Fili	ing 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

TRANS TATI TRANSPORTE LTD.LIABILITY CO. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/29/2013}{2}$ and assigned Florida document number L13000014672 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JI TRANSPORTATION LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 10810 CABBAGE TREE LOOP Enter new principal offices address, if applicable: ORLANDO, FL 32825 (Principal office address MUST BE A STREET ADDRESS) 10810 CABBAGE TREE LOOP Enter new mailing address, if applicable: ORLANDO, FL 32825 (Mailing address MAY BE A POST OFFICE BOX) 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: 10810 CABBAGE TREE LOOP 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 fability company has been notified in writing of this change.

ORLANDO

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			☐ Remove		
			Change		
			Remove		
			Change		
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fective date, if other than the date of filing: May 17, 2017 (option effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this cument's effective date on the Department of State's records.	filing.) Pursuant to 605.02
record specifies a delayed effective date, but not an effective time, at 12:01 a The 90th day after the record is filed.	a.m. on the earlier
JUNE 6, 2017,	
	<u> </u>
Signature of a member or authorized representative of a member	JUN 30
THIAGO I ASSUNCAO	
Typed or printed name of signee	

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Filing Fee: \$25.00