## 13000064344

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SECRETARY OF CLAIR
ALLAHASSEE, FLORIO

B. BOSTICK
JUL 17 2013
EXAMINER

## **COVER LETTER**

TO: Registration Sect Division of Corpo	ion prations		4		
SUBJECT: TC	LAS Transpor	ed Liability Company	·	·	
	mendment and fee(s) are subn				
Please return all correspond	dence concerning this matter t	o the following:			
	Angel A. SA.	Ncher			
	JC SHS TR	ansport LLC Firm/Company			
		Firm/Company			
	205 KAtheriNE	Blvd # 1212			
	<b>^</b>	Address			
	Yalm Harbor	F.L. 34684			
	ANGPI . SANZ 24	City/State and Zip Code    Description   Holmai / Com     Description   Description   Description		7 2	
*, '	E-mail address: (to	be used for future annual report notification	n)		
For further information con	ncerning this matter, please ca	ill:			A STATE OF THE STA
ANGE A SANC	chez	at (787), 564 - 4795	0	16 PI	YT
Name of	Person	Area Code & Daytime Tele	ephone Number	PK 12: 13	
Enclosed is a check for the	-	<b></b>	<b>-</b>	_	
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	sed)

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

JC SAS Transport	LLC	
( <u>Name of the Limited Liabilit∲ Compar</u> (A Florida Limited L	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $213000064344$ .	were filed on $05/02/30/3$	and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	ility company here:	MI JUL 16 I
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation	
Enter new principal offices address, if applicable:	205 KAtherINE	Blvd #1212
(Principal office address MUST BE A STREET ADDRESS)	205 KAtherINE Palm Harbor F.L.	34684
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	12415 Plantation TAMPA F.L. 33639	1 PiNE LN Apt 30
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>ent</u> <u>e</u> :	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
·	, Florida	
	City	Zip 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</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Sylvia M. Perez	12415 Plantatio PiNE LN HPT#304 Tampa F.L. 34684	Add
•		HPT#304 Tampa F.L. 34684	Remove
		<u> </u>	
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7/	12 2013
1	The so Mr. Sombler
~	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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