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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JUN 20 2013
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J & J SON TRANSPORTATION LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YVONNE M. BARRERO

Name of Person

PRESIDENT

Firm/Company

14025 FAIRWAY ISLAND DR, #324

Address

ORLANDO, FL 32837

City/State and Zip Code

YVONNE1290@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YVONNE M. BARRERO

Name of Person

407 399-8642

at ()

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- \$25.00 Filing 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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated **JUNE 16**, 2013

Yvonne Barrero T.

Signature of a member or authorized representative of a member

YVONNE M. BARRERO

Typed or printed name of signee

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Filing Fee: \$25.00

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