

**L13000 142999**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LJP TRANSPORT, 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:

**Yanira Gonzalez**  
Name of Person  
**LJP Transport , LLC**  
Firm/Company  
**2720 Callaway LN**  
Address  
**Kissimmee , Florida 34744**  
City/State and Zip Code  
**yaniragonzalez15@gmail.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Yanira Gonzalez** at **407 749-2620**  
Name of Person Area Code & Daytime Telephone Number

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2013 OCT 21 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LJP Transport , LLC

(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 10/09/2013 and assigned  
Florida document number L13000014299S

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

LJP Transport , LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2720 Callaway LN

**(Principal office address MUST BE A STREET ADDRESS)**

Kissimmee

Florida 34744

Enter new mailing address, if applicable:

The same

**(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:

Yanira Gonzalez

New Registered Office Address:

2720 Callaway LN

*Enter Florida street address*

Kissimmee

*City*

Florida 34744

*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.*

*X Yanira Gonzalez*

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Yanira Gonzalez	2720 Callaway LN	<input checked="" type="checkbox"/> Add
		Kissimmee	<input type="checkbox"/> Remove
		Florida,34744	
MGR	Luis Rivera Rivera	626 Chadberry Way	<input checked="" type="checkbox"/> Add
		Kissimmee	<input type="checkbox"/> Remove
		Florida 34744	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

46-3879563

Dated 10/16/2013

*Yanira Gonzalez*

Signature of a member or authorized representative of a member

Yanira Gonzalez

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA