

L17000142999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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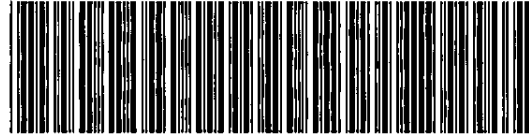
(Business Entity Name)

(Document Number)

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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

Name of Person

at (**407**) **749-2620**

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**

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 L13000142999.

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:

(Principal office address MUST BE A STREET ADDRESS)

2720 Callaway LN

Kissimmee , Florida 34744

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2720 Callaway LN

Kissimmee , Florida 34744

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.

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, FL 34744	<input type="checkbox"/> Remove
MGR	Luis Rivera Rivera	Luis Rivera Rivera	<input type="checkbox"/> Add
		626 Chadberry Way	<input checked="" type="checkbox"/> Remove
		Kissimmee, FL 34744	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SEVENTH JUDICIAL CIRCUIT
IN AND FOR THE STATE
OF FLORIDA
JAN 27 PM 1:18
TALLAHASSEE, FLORIDA

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

Dated December 23, 2013

* Yanira Gonzalez

Signature of a member or authorized representative of a member

Yanira Gonzalez

Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA