L14000004851

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2014 APR 21 PN 12: 2

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

JEREMY 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:

YSIS MORENO JR.

Name of Person

JEREMY TRANSPORT LLC

Firm/Company

9370 SW 9TH ST 209

Address

BOCA RATON, FL 33428

City/State and Zip Code

JEREMYTRANSPORT1@GMAIL.COM

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

For further information concerning this matter, please call:

YSIS MORENO JR

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 2014 APR 21 PM 12: 21 SECRETARY OF STATE TALLAHASSEE, FLORIDA

JEREMY 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 Liab Florida document number L1400004851	oility Company were	filed on 01/09/2	2014	_ and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	<u>he limited liability c</u>	ompany here:		
The new name must be distinguishable and end with the wo	ords "Limited Liability Co	ompany," the designat	ion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applical	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent:	_		ecords, enter th	e name of the new
New Registered Office Address:	9370 SW 9TH	ST 209		
New Registered Office Francis.		Enter Florida stree	t address	
	BOCA RATOR	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this ci	and complete performered agent as provide gistered office addriven	ormance of my du ded for in Chapter ess, Ijhereby conf Registered Agent, <u>Sig</u>	ties, and I am far r 605, F.S. Or, if firm that the limit	niliar with and this document is ted liability

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Address Type of Action** <u>Title</u> Name 9370 SW 9TH ST 209 MGR JOSEFINA COMPRES ☐ Add BOCA RATON, FL 33428 **■** Remove 9370 SW 9TH ST 209 YSIS MORENO JR MGR **BOCA RATON, FL 33428** □ Add ☐ Remove □ Add □ Add _□ Remove

		 .
		
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Filing Fee: \$25.00

