

L14000072586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

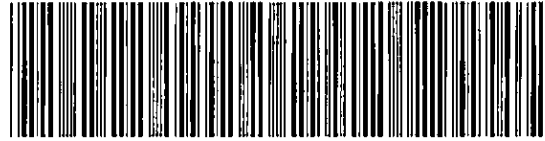
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
DEC - 2 2022

Office Use Only



300398330143

SECRETARY OF
TALLAHASSEE

2022 DEC -1 AM 11:27

FILED

2022 DEC -1 PM 4:27

✓ FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$ 25.00
AUTHORIZATION SIGNATURE: James Lull

SSJJ LLC L140000725886
BUSINESS (Name) Document #

☐ Walk in ☐ Pick up time ☐
☐ Mail out ☐ Will wait
☐ Photocopy
☐ Certified Copy
☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☐ CORP

AMMENDMENTS

☒ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ Conversion

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

☐ APOSTIL () ☐
Country

☐ Other

EXAMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$
AUTHORIZATION SIGNATURE: _____

25.⁰⁰

SSJJJ LLC
BUSINESS (Name) _____ Document # 1.140000725886

___ Walk in _____ Pick up time _____
___ Mail out _____ Will wait _____
___ Photocopy _____
___ Certified Copy _____
___ Certificate of Status _____

NEW FILINGS

___ Profit
___ Not for Profit
___ Limited Liability
___ Domestication
___ Other
___ CORP

AMMENDMENTS

☒ Amendment
___ Resignation of R.A. Officer/Director
___ Change of Registered Agent
___ Dissolution/Withdrawal
___ Merger
___ Conversion

OTHER FILINGS

___ Annual Report
___ Fictitious Name

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Limited Partnership
___ Reinstatement

___ APOSTIL () _____
Country

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SSJJ 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:

JONAH A. BRIER

Name of Person

Firm/Company

8058 PRINCESS PALM CIRCLE

Address

TAMARAC, FLORIDA 33321

City/State and Zip Code

JONAHBRIER121317@GMAIL.COM

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

For further information concerning this matter, please call:

JONAH A. BRIER

954 6951980
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SSJJJ 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 05/05/2014

Florida document number L14000072586

This amendment is submitted to amend the following:

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

SAVE ON TRANSPORT ENTERPRISES LLC

The new name must be distinguishable and contain 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)

7711 North Military Trail #434

Palm Beach Gardens, FL 33410

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7711 North Military trail #434

Palm Beach Gardens, FL 33410

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:

BARRY M. SICKLES, ESQ

New Registered Office Address:

4662 CORAL RIDGE DRIVE

Enter Florida street address

CORAL SPRINGS

City

Florida 33076

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 605, 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

2022 DEC -1 AM 11:25
SECRETARY OF
STATE
FILED

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CHARLES BRIER	8058 PRINCESS PALM CIRCLE	<input type="checkbox"/> Add
		TAMARAC, FL 33321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BONITA BRIER	8058 PRINCESS PALM CIRCLE	<input type="checkbox"/> Add
		TAMARAC, FL 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JONAH A. BRIER	8058 PRINCESS PALM CIRCLE	<input type="checkbox"/> Add
		TAMARAC, FL 33321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GENNARO CERBONE	425 NORTH ANDREWS AVENUE #204	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BRIAN GIBBONS	4437 LAOY BEVERLEE CTN	<input checked="" type="checkbox"/> Add
		Beynon Beach FL 33436	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DECEMBER 1, 2022

Signature of a member or authorized representative of a member

JONATHAN A. BRIER

Typed or printed name of signee

Filing Fee: \$25.00