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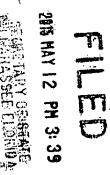
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PICK-UP	☐ WAIT	MAIL
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INFORM OF CONTINUES.

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COVER LETTER

TO: Registration S Division of Co					
J FREIGH SUBJECT:	T LLC	•			
	Name of Lim	ited Liability Company			
The enclosed Articles of					
Please return all correspondent	ondence concerning this matter	to the following:			
	JAVIER DAPENA				
Name of Person					•
	J FREIGHT LLC		,		
		Firm/Company		,	
439 NE 24 STREET APT 4			ć ·		
	Address			, ·	
	MIAMI FL 33137				. 5
		City/State and Zip Code		AY 12	
	E-mail address: (to be used for future annual report notif	ication) ,		-
For further information	concerning this matter, please c	all:		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
JAVIER DAPENA	•	786 304-9068		: 39	it ingit
Name	of Person		Telephone Number		
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

J FREIGHT LLC	•	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	-
The Articles of Organization for this Limited Liability Company were filed on 01/29/2015 clorida document number L15000017167		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	J FREIGHT LLC	·
Principal office address MUST BE A STREET ADDRESS)	27524 CASHFORD CIRCLE	200 2
	WESLEY CHAPEL FL 33544	
Enter new mailing address, if applicable:	J FREIGHT LLC	AY 12
Mailing address MAY BE A POST OFFICE BOX)	27524 CASHFORD CIRCLE	<u> </u>
	WESLEY CHAPEL FL 33544	1 in []
	•	3 3 3 3 3 3 3 3 3 3
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	a
	City , Florida	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

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>	Address	Type of Action
MGR	WILLIAM J READER	WILLIAM J READER	■ Add
		439 NE 24 STREET APT 4	□ Remove
		MIAMI FL 33137	□ Change
			□ Remove
		 	☐ Change
		<u> </u>	Add
		<u> </u>	Remove
			□ Change
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			Bemore Signature of the state o
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ffooti	ve date, if other than the date of filing:	
f an effe	tive date, if other than the date of filing: (optional)	207
locum	nt's effective date on the Department of State's records.	1
		7
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. off the arlie	r of
Dated _	May 11 pp//	

Page 3 of 3

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