1/9/2017



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No. 1403 P. 5/8

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COVER LETTER

το:	Registration Section Division of Corporations	
SUBJE	ECT: JHK TRANSPORT LLC	
	Name of Limited Liability Company	

The enclosed Articles of Amendment and fee(s) are submitted for filing.

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Please return all correspondence concerning this matter to the following:

	JOSE A GO	ONZALEZ L	OPEZ	
		Name of Person		
	JHK TRANS	SPORT LLO	0	
		Firm/Company		
	6382 PINES	STEAD DR	APT 1626	
		Address	······································	
	LAKE WOF	TH FL 334	63	
		City/State and Zip Code		
	INFO@ALCARR	IERSERVICES	.COM	
_	E-mail address; (1	to be used for future annual	report notification)	
For further information conc	eming this matter, please ca	all:		
A & L CARRIE	R SERVICES I	NC786, 3	60-2879	
Name of Pc		Arca Code	Daytime Telephone Number	
Enclosed is a check for the fe	ollowing amount:			
\$25,00 Filing Fee	Certificate of Status	Certified Copy	c 🛛 \$60.00 Filin Certificate	of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O, Box 6327 Tallahassee, FL 32314

(additional copy is enclosed)

Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS: **Registration Section** Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

No. 1403 P. 6/8

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JHK 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 05/19/2015 and assigned Florida document number L15000088841

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviat	ion "L.L.(
Enter new principal offices address, if applicable:	6382 PINESTEAD DR APT 1626	<u>(</u>	
(Principal office address MUST BE A STREET ADDRESS)	LAKE WORTH FL 33463	, (D	
	· .		00
		Ģ	
Enter new mailing address, if applicable:	6382 PINESTEAD DR APT 1626	\overline{N}	
(Mailing address MAY BE A POST OFFICE BOX)	LAKE WORTH FL 33463		
	· · · · · · · · · · · · · · · · · · ·	•	

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:	·····	
New Registered Office Address:	6382 PINESTEAD DR A	PT 1626
<u>~ · · · / · · · · · · · · · · · · · · · </u>	Enter Flo	rida street address
	LAKE WORTH	Florida 33463
	City	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 Page 1 of 3

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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

<u>Title</u>	Name		Address	Type of Action
		•	• ·	🖸 Add
				🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _______ (optional . (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) (optional) Dated JANUARY 9 2017 Liggsture of smember or authorized representative of a member JOSE A GONZALEZ LOPEZ Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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