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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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16 SEP 20 MINISTER SECRETARIASSEE, FLORIDA

COVER LETTER

TO: Registration Se Division of Cor			
J.J.B.	TRANSPORT LIM	NITED LIABILIT	Y COMPANY
SUBJECT:		ted Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	ndence concerning this matter	to the following:	
	EVELYN MO	DRELL	
	1.1.70	Name of Person	
	VALUE TAX	PREP	
		Firm/Company	
	902 W LUM	SDEN RD S	TE 106
		Address	, ((= 1000) 1000
	BRANDON,	FL 33511	
	EVELVN@VALU	City/State and Zip Code	M
	EVELYN@VALU E-mail address: (to be used for future annual re	
For further information of	concerning this matter, please c	all:	
EVELYN M	IORELL	at (813) 44	14-4466
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &

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

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

711(11)	CLLS Of C	110711112711	1011	
	0	F	ACC. T	
				9 1
J.J.B. TRANSPORT, LIMIT			77.	ν -1 -2
(<u>Name of the Limiter</u> (A	Liability Compa	ny as it now appear	on our records.)	ភ័ ្ស្រី
			ு அ	3 33€
The Articles of Organization for this Limited Lia	bility Company	were filed on 09	/24/2015 Fand ass	igned .)
Florida document number L15000163100			OR OR	
Torred document named	·		: <u>इ</u> ल	
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited ligh	ility company he	ro,	
A. If amending name, enter the new name of	ine minica nab	inty company ne	<u>10</u> .	
The new name must be distinguishable and end with the w		ilian Carrage 2 tha	Janian ation (III C') on the abbrariation (I	I.C."
The new name must be distinguishable and end with the w	ords Limited Liab		_	٠٠١٠٠٠.
Enter new principal offices address, if applica	ble:	625 ALPINE	THISTLE DR.	
(Principal office address MUST BE A STREET	ADDRESS)	BROOKSVI	LLE FL 34604	
			· ·	
Takan ann an ili an delucar if annliachla.		P.O BOX 15	5518	
Enter new mailing address, if applicable:			LLE FL 34604	
(Mailing address MAY BE A POST OFFICE B	(OX)	BROOKSVI		
	•		•	
B. If amending the registered agent and/o			our records, enter the name	of the nev
registered agent and/or the new registered off	ice audress her	<u>e</u> :		
	VALUE ⁻ TA	V DDED		
Name of New Registered Agent:	VALUE TA	A FINER		
New Registered Office Address:	902 W LUN	MSDEN RD S	TE 106	
		Enter Flor	ida street address	
	BRANDON	1	, Florida 33511	
		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

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

<u> Title</u>	Name	Address	Type of Action
	•		D Add
		· ·	☐ Remove
	•		
			D Add
			□ Remove
		· -	
			CJ Add
			Remove
			SSE 23 研Add 3 3
	·		TO Remove
			□ Add
			☐ Remove
			Remove

•	
Effective date, if other than the date of filing:	(optional)
The effective date must be specific, cannot be prior to date of rec	
SEPTEMBER Q 20	16
Dated OLI TEMBER 9	 -
\	
1.	•
Jorge J	
2	or authorized representative of a member
JORGE TOSSAS CAST	

Page 3 of 3

Filing Fee: \$25.00