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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

Registration Section
Division of Corporations

JAYP'S TR SU BJECT:	ANSPORTATION LLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DEVON PATRICK		
		Name of Person	
	JAYP'S TRANSPORTATI	ION LLC	
		Firm/Company	
	4560 BELLALUNA DR.		
		Address	-, , , , , , , , , , , , , , , , , , ,
	MELBOURNE, FL 32904		
		City/State and Zip Code	
	trinijay30@yahoo.com E-mail address: (1	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	•	<i>,</i>
JULIE FELIX-PATRICI	K	321 345-5054 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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**

JAYP'S TRANSPORTATION LLC			
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)		
The Articles of Organization for this Limited Liability Compa Florida document number L15000163406	any were filed on JUNE 16, 2017	and assigne	∍d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbrevia	tion "L.L.C.	,.
Enter new principal offices address, if applicable:		····	
(Principal office address MUST BE A STREET ADDRESS)			
		APR	### ###
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Enter new mailing address, if applicable:		32	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	***		LS.
		17	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		name of t	the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
 	City Zi _I	o Code	
New Registered Agent's Signature, if changing Registered Age	nt:		

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 of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JULIE FELIX-PATRICK		
		4560 BELLALUNA DR. MELBOI	■ Remove
			Change
			Add
			□ Remove
	·		☐ Change
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			☐ Remove
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an effective date is listed, the date mu	date of filing: st be specific and cannot be prior to date of filing or more ock does not meet the applicable statutory filing a epartment of State's records.	
e record specifies a delaye The 90th day after the rec	d effective date, but not an effective tin ord is filed.	ne, at 12:01 a.m. on the earlier of
APRIL 16	, 2018	
	Signature of a member or authorized representative of	

Page 3 of 3

Filing Fee: \$25.00