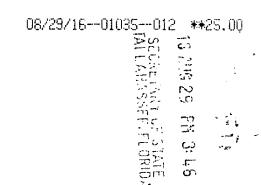
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(Re	equestor's Name)	
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PICK-UP	MAIT WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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ME 30 2016 J. HARRIS

COVER LETTER

TO: Registration S Division of Co						
	ransport LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	unitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Jesus Llerena					
		Name of Person				
	Josef Transport LLC					
Firm/Company						
	2200 NE 9th Pl					
	· · · · · · · · · · · · · · · · · · ·	Address				
	Cape Coral, FL 33909					
		City/State and Zip Code				
	joseftransport@yahoo.com					
		to be used for future annual report notifi	cation)			
For further information	concerning this matter, please c	all:				
Jesus Llerena		239 462-7770				
Name	of Person	at (Telephone Number			
Enclosed is a check for	the following amount:					
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	EJ \$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 Fallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.)
(A Florida Limited Liability Compa	ny)
The Articles of Organization for this Limited Liability Company were filed on	1 04/04/2016 and assigned
lorida document number L16000066621	
this amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability compan	<u>y here</u> :
ne new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	TACE
	25 E · ·
	20 20 20
nter new mailing address, if applicable:	ਾਨੂੰ ਾਠ , , ਮੁ
Mailing address MAY BE A POST OFFICE BOX)	- C - C - C - C - C - C - C - C - C - C
<u> </u>	三
. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here:	on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
	Florida street address
	, Florida Zip Code
Cuy	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>	<u>Address</u>	Type of Action
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		2200 NE 9th Pl., Cape Coral	2 n
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an effective date in the date in the date	if other than the distribution is listed, the date must inserted in this blocking date on the Dep	be specific and e ck does not me	annot be prior to	o date of filing or ole statutory fili	nore than 90 da	(optional) ys after filing its, this date	.) Pursuant	to 605.0207 be listed as
	rifies a delayed	effective da	te, but not	an effective	time, at 12	::01 a.m.	on the e	earlier of
e record spec The 90th day	y after the reco	rd is filed.						
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Filing Fee: \$25.00