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COVER LETTER

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TO: Registration Se Division of Cor	ction porations	•	
		WING. LLC	
SUBJECT:		ited Liability Company	
	Amendment and fee(s) are sub	•	
Please return all correspo	endence concerning this matter	to the following:	
		ALEIDY VASALLO	
		Name of Person	
	VASALLO	'S MULTI-SERVICES, CORP	
		Firm/Company	-
		603 GUNNERY RD N	
		Address	
		LEHIGH ACRES, FL 33971	
		City/State and Zip Code	
		MULTISERVICES@GMAIL.CO	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	
ALEIDY V	ASALLO	239 368-1986 at ()	
Name o	f Person		me 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 Addres Registration S		Street Address: Registration S	ection
Division of Corporations		Division of Corporations The Centre of Tallahassee	
P.O. Box 632 Tallahassee, l			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2J'S TC	DWING, LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 08/11/2016	and assigned
Florida document number L16000150363	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
2J'S TRANSPORT	SERVICE, LLC	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
		•
B. If amending the registered agent and/or registered	i office address on our records, <u>ente</u>	r the name of the new registered
agent and/or the new registered office address here:		•
Name of New Registered Agent:		.; ————————————————————————————————————
New Registered Office Address:		$\overline{\epsilon}$.
Then registered office readiess.	Enter Florida street addre	ess
	F	lorida
	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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
	<u></u>		□Add
			□Remove
			□Change
			□ Add
			☐ Change
			□Add
			□Change
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change

(If an c	feetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to ment's effective date on the Department of State's records.
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	1 <u>3-12-2021</u> .
	Signature/of a prember of a member
	Signature/of a phembector authorized representative of a member
	Signature of a member of authorized representative of a member

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