## L16000190473

| (Requestor's Name)      |                   |           |
|-------------------------|-------------------|-----------|
|                         |                   |           |
| (Ad                     | dress)            |           |
|                         |                   |           |
| (Address)               |                   |           |
| (//                     | aress)            |           |
|                         |                   |           |
| (Cit                    | y/State/Zip/Phone | : #)      |
| PICK-UP                 | ☐ WAIT            | MAIL      |
|                         |                   | į         |
| (5)                     |                   |           |
| (Bu                     | siness Entity Nam | ne)       |
|                         |                   |           |
| (Do                     | cument Number)    |           |
|                         |                   |           |
| Certified Copies        | _ Certificates    | of Status |
|                         |                   |           |
|                         |                   |           |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |

Office Use Only



600329409386

05/24/19--01001--015 \*\*25.00

AND FILED 2019 HAY 24 PH 12: 05

T GLASS
JUN 08 2019

COVER LETTER

| TO:           |            | istration Se<br>ision of Cor  |   |   | sy*                           |              |
|---------------|------------|-------------------------------|---|---|-------------------------------|--------------|
| CUDIE         | car.       | JL TRANS                      | SPORT USA LLC   |   |                               |              |
| SUBJE         | CI:        |                               | Name of Lim   | ited Liability Company  |                               |              |
| The enc       | :losed     | l Articles of                 | Amendment and fee(s) are sub  | mitted for filing.  |                               |              |
| Please r      | eturn      | all correspo                  | ondence concerning this matter  | to the following:   |                               |              |
|               |            |                               | NELSON ALVAREZ  |   |                               |              |
|               |            |                               | NA INCOMETAX PROFI  | Name of Person ESSIONAL CORP  |                               |              |
|               |            |                               | 1830 NW 7TH ST SUITE  | Firm/Company 202  | <del></del>                   | 2019 MAY 21  |
|               |            |                               | MIAMI, FL 33125   | Address   |                               |              |
|               |            |                               | nadincometax@hotmail.com  | City/State and Zip Code   |                               | ED PH 12: 05 |
| Conford       | <b>L</b> : | £                             |   | to be used for future annual report noti  | fication)                     |              |
|               |            | LVAREZ                        | oncerning this matter, please ca  | 305 381-5362  |                               |              |
|               |            | Name o                        | f Person  | Area Code Daytim  | e Telephone Number            |              |
| Enclose       | d is a     | check for th                  | ne following amount:  |   |                               |              |
| <b>■</b> \$25 | .00 F      | iling Fee                     | □ \$30.00 Filing Fee & Certificate of Status                                      | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | Certified C                   | of Status &  |
|               |            | Registr<br>Divisio<br>P.O. Bo | ING ADDRESS:<br>ation Section<br>on of Corporations<br>ox 6327<br>assee, FL 32314 | STREET/COURI<br>Registration Section<br>Division of Corporation Building<br>2661 Executive Co<br>Tallahassee, FL 32 | on<br>rations<br>enter Circle |              |

## ARTICLES OF AMENDMENT TO ARTICLE'S OF ORGANIZATION **OF**

| JL TRANSPORT USA LLC   | j                      |  |                              |  |
|--|------------------------|--|------------------------------|--|
| (Name of the Lim   | ited Liability Con     | npany as it now appears on our records ed Liability Company) | .)                           |  |
|  | (A Horida Emine        | Company)   |                              |  |
| The Articles of Organization for this Limited I  | Liability Compa        | ny were filed on 10/14/2018                                  | and assigned                 |  |
| Florida document number L16000190473   |                        |  | _                            |  |
|  | <del></del> -          |  |                              |  |
| This amendment is submitted to amend the fol   | lowing:                |  |                              |  |
| A. If amending name, enter the new name  | <br>of the limited lia | ability company here:  |                              |  |
| ,  |                        |  |                              |  |
| The new name must be distinguishable and contain the   | words "Limited Lia     | ability Company," the designation "LLC"                      | or the abbreviation "L.L.C." |  |
| Enter new principal offices address, if applicable:  |                        | 1830 NW 7TH ST STE 202                                       |                              |  |
| · · · · · · · · · · · · · · · · · · ·  |                        | MIAMI, FL 33125  |                              |  |
| (Principal office address MUST BE A STRE   | <u>ET ADDRESS)</u><br> |  | <del></del>                  |  |
|  |                        | <del></del>  |                              |  |
|  |                        | 1920 NIW 7711 ST STE 202                                     | 21                           |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  |                        | 1830 NW 7TH ST STE 202                                       |                              |  |
|  |                        | MIAMI, FL 33125  |                              |  |
|  |                        |  |                              |  |
|  |                        |  | :: 1365                      |  |
| B. If amending the registered agent and  | l/or registered        | office address on our records,                               | enter the name of the ne     |  |
| registered agent and/or the new registered o   | office address h       | <u>ere</u> :   | $\sim \sim \sim$             |  |
|  |                        |  | 0.5                          |  |
| Name of New Registered Agent:  | NELSÓN AI              | LVAREZ   |                              |  |
| New Registered Office Address:   | <br>1830 NW 7T         | TH ST STE 202  |                              |  |
| New Registered Office Address:   |                        | Enter Florida street address                                 |                              |  |
|  | MIAM!                  | <b>Flor</b>  | rida <u>33125</u>            |  |
|  |                        | City   | Zip Code                     |  |
| New Registered Agent's Signature, if changing  | Registered Agen        | it:  | •                            |  |
| and the state of t |                        | <del>111</del>   |                              |  |

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

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 |
|--------------|---------------------------------------|---|----------------|
| MGR          | JOSE CARDENAS MOREJON                 | 2254 W 74 ST APT 201,<br>HIALEAH, FL 33016  |                |
|              | · · · · · · · · · · · · · · · · · · · |   |                |
|              |                                       |   | Remove         |
|              |                                       |   | Change         |
| MGR          | NELSON ALVAREZ                        | 1830 NW 7TH ST SUITE 202<br>MIAMI, FL 33125 | Add            |
|              |                                       |   | □ Remove       |
|              |                                       |   | □ Change       |
| AP           | HILDA DELGADO                         | 1830 NW 7TH ST SUITE 202<br>MIAMI, FL 33125 | Add            |
|              |                                       |   | Remove         |
|              |                                       |   | ☐ Change       |
|              |                                       |   |                |
|              |                                       |   | 0 :S           |
|              |                                       |   | Rémove         |
|              |                                       |   | □ Change       |
|              |                                       |   | Add            |
|              |                                       | □ Remove                                    |                |
|              |                                       | Change                                      |                |
|              |                                       | 1   |                |
|              |                                       |   | Remove         |
|              |                                       |   | Change         |

|  | sy never (Anden duantonal sneeds, ly necessary.)  |
|--|---|
|  |   |
|  |   |
|  |   |
|  | <del></del>   |
|  |   |
|  |   |
|  |   |
|  | 20  |
|  | 2019 HAY  |
|  |   |
|  |   |
|  | 12:   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re- | (optional) reprior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) applicable statutory filing requirements, this date will not be listed as the cords. |
| If the record specifies a delayed effective date, b<br>(b) The 90th day after the record is filed.   | ut not an effective time, at 12:01 a.m. on the earlier of:  |
| Dated  | - Al  |
|  | 100   |
| Signature of a member of   | or authorized representative of a member  |
| NELSON ALVAREZ   |   |
| Typed o  | printed name of signee  |

Page 3 of 3

Filing Fee: \$25.00