(Req	uestor's Name)	
bbA)	ress)	
Add)	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

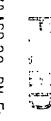
Office Use Only



400328052404

04/22/19--01013--010 **25.00





R. WHITE MAY 0 3 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Yes To Jesus ransportation LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Frank M. De Leco
Yes to Jesus Transportation LLC Firm/Company
SAN BIAS AVENUE
Kissimmee FL 34743 City/State and Zip Code
Vesto Jesustransportation & Grand Com (5-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Frank M. De Leon at (321) 333 - 7855 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee & S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (radditional copy is enclosed)

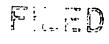
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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		
117		2019 APR 22	2 PM 5: 14
les to Jesus	Iransportat	ion LlC:	
(<u>Name of the Limited I</u> (A	Jiability Combany as it now Florida Limited Liability Cor	npany) — (-1.)	THE FL
The Articles of Organization for this Limited Liabi	lity Company were filed	on 12/16/201	6 and assigned
Florida document number <u>L16000237</u>		7	<u> </u>
This amendment is submitted to amend the following	ug:		
A. If amending name, enter the new name of th	e limited liability comp	anv here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company	y," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
		 	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		ess on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:		*****	
New Registered Office Address:			
	En	uer Florida street address	
-		, Florida _	· · · · · · ·
	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 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>	Address	Type of Action	
MGR	Albert Arias	81 San Blas Ave.	DAdd	
		Kissimmee, FL 34743	∑ □ Remove	
			Change	
			🗆 Add	
			□ Remove	
			Change	
			🗖 Add	
			□ Remove	
			Change	
			D Add	
			_□ Remove	
			Change	
			_□ Add	
			Remove	
			Change	
			_□ Add	
			_□ Remove	
			Character 1	

•	
	
(If an el Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member
	Frank M. Ne Leon
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00