Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone : (407)932-0040

Fax Number : (407)520-5473

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	 

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAG TRANSPORT OF FL LLC

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## COVER LETTER

TO:	Registration Sec Division of Corp	tion orations	•	•
		SPORT OF FL LLC		
SUBJE	CCT:	Name of Limit	ed Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please	return all correspor	ndence concerning this matter to	o the following:	
		ANDRES FERNANDO GI	RALDO	
			Name of Person	
		JAG TRANSPORT OF FL	LLC	
			· Firm/Company	
		1806 THETFORD CIR		
			Address	
		ORLANDO, FL 32824		
			City/State and Zip Code	
		ANDGIR0618@GMAIL.CO	OM to be used for future annual report not	fication)
For fu	rther information c	oncerning this matter, please co		
	res fernando		407 9673709	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclo	sed is a check for t	ne following amount:		
<b>≡</b> S	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, F	rporations Tallahassee De Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2 WW 12 PH 12:48

JAG TRANSPORT OF FL LLC	2 2711	(1412 + 40)
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Conflicted Accument number L17000154054		and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable;  (Principal office address MUST BE A STREET ADDRE)		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter (	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	orida
<del></del>	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>	<u>Name</u>	Address	Type of Action
MGR	ANDRES FERNANDO GIRALDO	1806 THETFORD CIR	<b>≣</b> Add
		ORLANDO, FL 32824	CRemove
		·	□ Change
			□Remove
			□Change
			□Ađđ
			DRemove
			Change
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			🗆 Add
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(optional)
(optional) more than 90 days after filing.) Pursuant to 605.0207
ing requirements, this date will not be listed as
n. on the earlier of: (b) The 90th day after the
ve of a member
·
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24
1

Filing Fee: \$25.00