L17000156938

| (Requestor's Name) | |
|---|----------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| | MAIL |
| (Business Entity Name) | <u> </u> |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |
| Office Use Only | I |
| | |



00/21/17--01810--022 **25.00



K SALY

| • | • | |
|---|---|--|
| | | |
| | | |

COVER LETTER

TO: **Registration Section Division of Corporations**

JA EXPRESS TRANSPORTATION LLC

SUBJECT: ____

۰.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JHON ALZATE

Name of Person

JA EXPRESS TRANSPORTATION LLC

Firm/Company

445 NW 4TH ST APT 611

Address

MIAMI FL 33128

City/State and Zip Code

JHONTRANSPORTATION@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

| JHON ALZATE | 305 7 | /622182 |
|----------------|-----------|--------------------------|
| | at () | |
| Name of Person | Area Code | Daytime Telephone Number |

Enclosed is a check for the following amount:

□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. □ \$30.00 Filing Fee & S25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy

(additional copy is enclosed)

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

Tallahassee, FL 32301

| ARTICLES OF A | |
|---|--|
| TO ARTICLES OF O O | RGANIZATION FILE |
| JA EXPRESS TRANSPORTATION LLC | 9: 35 |
| (<u>Name of the Limited Liability Compar</u> (A Florida Limited L | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L17000156938</u> | were filed on $\frac{07/24/2017}{2017}$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the limited liabi</u> | lity company here: |
| The new name must be distinguishable and contain the words "Limited Liabili | ity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | |
| Name of New Registered Agent: | |
| | |

New Registered Office Address:

Enter Florida street address

, Florida ______ 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.

City

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>Tițle</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-----------------------|-----------------------|
| MGR | JHON ALZATE | 445 NW 4TH ST APT 611 | 🗆 Add |
| | | MIAMI FL 33128 | Remove |
| | | | 🖬 Change |
| | | | Add |
| | | | Remove |
| | | | |
| | | | TILL 21 FE |
| | | | Lichang |
| | | | Remove |
| | | | Change |
| | | | 🗆 Add |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

| · · · · · · · · · · · · · · · · · · · | | |
|---------------------------------------|--------------------|------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| <u></u> | <u></u> | |
| | | |
| | | |
| • | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 111 |
| | ALL MARY OF STREET | |
| | 22 3 . | |
| | | |
| | | 1 |
| | | T 1 |
| | | 1. |
| | <u> </u> | |
| | | |
| | | |
| | 5 | |
| | | |
| | | |
| | • | |
| | | |
| | | |
| | | |
| | <u> </u> | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

_ (optional)

E. Effective date, if other than the date of filing: ______ (optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 08 - 15 -Signature of a member of authorized representative of a member THON ALZATE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00