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| Special Instructions to F | iling Officer:   |                 |
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Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: JEM Transport, LLC 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:   |
| James Murphy<br>Name of Person  |
| JEM Transport, (LC  |
| 991 SE Monterey RD  |
| Stravt FL 34953 City/State and Zip Code  Seman Schemarine Comcost diz net  E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:  |
| Name of Person  at (50)  Area Code  Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Jem transport  | LLC  |                     |
|--|--|---------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited I   | hy as it now appears on our records.) Liability Company) |                     |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L1700020449</u> 6 | were filed on October 3, 2                               | 017 and assigned    |
| This amendment is submitted to amend the following:  |  |                     |
| A. If amending name, enter the new name of the limited liab  | lity company here:                                       |                     |
| Jem transport 3 Marine The new name must be distinguishable and contain the words "Limited Liabil            | Services, LLC  |                     |
| The new hank must be distinguishable and contain the words. Entitled Elabif                                  | ny Company, the designation DEC of the                   | appreviation 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   |  | the name of the new |
| registered agent and/or the new registered office address here   | <del>:</del>   | - i                 |
|  |  | ŽŪIB APR<br>ŠLCRETA |
| Name of New Registered Agent:  |  | AA: A:              |
| New Registered Office Address:   |  | R I                 |
|  | Enter Florida street address                             | m-€ • I             |
|  | , Florida  | ₹ Porton            |
| <del> </del>   | City   |                     |
| New Registered Agent's Signature, if changing Registered Agent:  |  | D7 21               |

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          | Edward Murphy | 12907 Inshore DR<br>West Palm Beach, FL 35410 | <b>X</b> Add   |
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| James N                               | lurphy                                  | 50%                    | and                | Edward  | Murphy                 |
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| ive date, if other t                  | han the date of fil                     | ling:                  |                    | (option   | (al)                   |
| ective date is listed, the            | date must be specific                   | and cannot be prior t  | o date of filing o | or more than 90 days after filling requirements, this d | ling.) Pursuant to 605 |
| ent's effective date of               | on the Department of                    | of State's records.    | ore statutory t    | ang requirements, this u                                | are will not be fish   |
|                                       |   |                        |                    |   |                        |
| ord specifies a c<br>90th day after t | felayed effective<br>the record is file | e date, but not<br>:d. | an effectiv        | e time, at 12:01 a.r                                    | n. on the earlie       |
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Filing Fee: \$25.00