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(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

Division of Cor			
SUBJECT: TRT	TRANSPORT S Name of Lim	SERVICES LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	J&TTRAN	SIMMONS Name of Person 1SPORT SER Firm/Company 1REShold PT	VICES LLC
	Homosassi	Address Address Address City/State and Zip Code ADN 5 5 5 @ GMA to be used for future annual report notific	14446
For further information c	oncerning this matter, please ca	all:	
TERESA L Name o	SIMMON S f Person	at (<u>352) 601-4</u> Area Code Daytime	4331 Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration 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

TETTRANSPORT SCRUICES LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	inv were filed on 🔘 🔾 .	110,201	7 and	assion	-d
Florida document number 171011143205 50	203044143	5-5	<u> </u>	assign	. .
Fiorida document number 1710 11113553	170002099	9 7(
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company here:	,			_
JRT TRANSPORT S	ervices	56 1	ĹĹ(·•	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designa	ation "LLC" or the abl	reviation	"L.L.C.	••
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			: ,	7 map	
			<u> </u>	77.	-
					0 % P ===
Enter new mailing address, if applicable:	 			מיז	<u>;</u>
(Mailing address MAY BE A POST OFFICE BOX)		······································	·	<u> </u>	
			٠.	22	
			•	(<u></u>)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, enter	the nan	ne of	the new
registered agent and/or the new registered vince address in	acre.				
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·		.
Name of New Registered Agent: New Registered Office Address:	Enter Florida st	reet address			
	Enter Florida st				
	Enter Florida st City	reet address, Florida	Zip Co	de	
	City		Zip Co	de	
New Registered Office Address: New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple	City nt: ngree to act in this capa ete performance of my c	, Florida city. I further agr luties, and I am fo	Zip Co ee to co amiliar	mply 1 with a	vith the
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent and a strength of the appointment as registered agent and a strength of the appointment as a strength o	City nt: agree to act in this capa ete performance of my capa s provided for in Chap	, Florida city. I further agr luties, and I am fa ter 605, F.S. Or,	Zip Co ee to co imiliar if this do	mply 1 with a ocume	vith the

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

MBK =	Authorized Member		
<u>itle</u>	Name	Address	Type of Action
			□ Remove
			☐ Change
			□ Add
			☐ Remove
		•914	□ Change
			Add
			□ Remove
			□ Change

			Remove
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			1
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			□ Remove
			☐ Change

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ective date, if other than the date of filing:	(o ntine)	
effective date is listed, the date must be specific and cannot be prior to date of filing or mon	(optional) e than 90 days after filing.) Pursuan	it to 605.0207 (3)(1
te: If the date inserted in this block does not meet the applicable statutory filing a ument's effective date on the Department of State's records.	requirements, this date will not	be listed as the
and the second seconds.		
record specifies a delayed effective date, but not an effective time	ma at 12:01	
record specifies a delayed effective date, but not an effective tin he 90th day after the record is filed.	ne, at 12:01 a.m. on the	earlier of:
1100 10 000	- ,	~>
$ed \Lambda/UU / 3$. 2017	<u>; :</u>	(阿那) April Armil _{巴达} *
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60 100 13. 2017.). ·:	-
Lezex Simmon	a member	
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Filing Fee: \$25.00