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(Re	equestor's Name)	
(Ac	idress)	
(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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SU	Just Cruizi	n Transport, LLC		
		Name of Limi	ted Liability Company	ification)
		Amendment and fec(s) are sub-	-	
Pie	ase return all correspo	ndence concerning this matter	to the following:	
		Zorena Krolikowski		
			Name of Person	
		Just Cruizin Transport, L	LC	
			Firm/Company	
		340 NW Rowe Ct		
			Address	·
		Lake City, FL 32055		·
			City/State and Zip Code	
		alexnzorena@yahoo.com E-mail address: (1	o be used for future annual report notific	cation)
For	further information e	oncerning this matter, please ca	ıll:	
Zo	rena Krolikowski		386 288-9850 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enc	closed is a check for th	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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUST CRUIZIN TRANSPORT, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number January 29, 2818 LI 800006	were filed on $\frac{\text{January 26, 2018}}{4346}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	hity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	340 NW Rowe Ct	<u>0</u>
(Principal office address MUST BE A STREET ADDRESS)	Lake City, FI 32055	8 Vise
		1 77 × 7
Enter new mailing address, if applicable:		~ ``` ``` ``` ``` ``` ``` ``` ``` ``` `
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	36 000
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B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		nter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
	, Florid	2
	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>	Name	Address	Type of Action
MGR	Zorena Krolikowski	340 NW Rowe Ct	
		Lake City, FL 32055	☐ Remove
			
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			Change
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	specifies a delay day after the r			not an effe	ctive time	e, at 12:01	La.m. on th	e earlier o
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