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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Johnson 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:
Bill Johnson Name of Person
Johnson Transport LLC Firm/Company
11205 Fiddlewood Dr.
City/State and Zip Code Johnson - transport @ Jahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bill Johnson at (862) 218-2062 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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

(Name of the Limited	d Liability Compan A Florida Limited Lie	as it now appears on ability Company)	our records.)	_			
The Articles of Organization for this Limited Lia Florida document number L18000642	bility Company w ラフ <u>ゆ</u>	vere filed on <u>3</u>	112/18	and	d assig	ned	
This amendment is submitted to amend the follow	wing:						
A. If amending name, enter the new name of	the limited liabil	ity company here:					
The new name must be distinguishable and contain the wo		y Company," the design	ation "LLC" or the	abbreviatio	m "L.L.	C."	
Enter new principal offices address, if applica			<u>. </u>	3	19.		
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>				- No.	-77	
Enter new mailing address, if applicable:					22 71		
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	<u> </u>		
				<u> </u>		<u>'</u>	
B. If amending the registered agent and/or registered agent and/or the new registered off	or registered off ice address here	ice address on ou :	r records, <u>ente</u>	r the na	ime o	f the new	
Name of New Registered Agent:	Bill 1		ion Ur.				
New Registered Office Address:	11205	Fiddle (;	Sireet address	<u> </u>			
	rivervi	City	, Florida _	Zip	35 Code	79	

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>	<u>Name</u>	Address	Type of Action
Ambo	Desiree Johnson	11205 Fiddlewood Da	Add
		riverview FL 33579	® Remove
			Change
AP	Maryam boone	1405 ravenast bethlehem PA 18015	🛘 Add
		bethlehem PA 18015	& Remove
			Change
			Add
			Remove
			Change
			🗆 Add
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			_ Remove
			_□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (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 (In 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 4 10 18
Signature of a member or authorized representative of a member
Typed or printed name of signee