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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: .	Registration Se Division of Cor			
CUDI	ECT.		TRANSPORT LLC	
SUBJ	ECT:		ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		EVELYN I	R GONZALEZ EA MBA	
			Name of Person	
		ACCOUNTING C	ENTER FOR SMALL BUSINESS LLC	
			Firm/Company	
	5701 DOGWOO DR			
	Address			
			ORLANDO FL 32807	
			City/State and Zip Code	
			CORL.EVELYN@AOL.COM to be used for future annual report notification)
For fu	rther information co	oncerning this matter, please c	•	,
EVEL	YN R GONZALEZ	Z	407 281-0227	
	Name of	Person	Area Code Daytime Telep	hone Number
Enclos	ed is a check for th	e following amount:		
\$2	5.00 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)
	Registra	NG ADDRESS: ation Section of Corporations x 6327	STREET/COURIER AI Registration Section Division of Corporations Clifton Building	DDRESS:

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOSEAN	I TRANSPORT LLC	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on MARCH 21, 2018	and assigned
Florida document numberL18000073547		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	TAT TATE
(Principal office address MUST BE A STREET ADD	RESS)	AP CRE
		R 2
		0 # 0 % C
Enter new mailing address, if applicable:		FL. FL
(Mailing address MAY BE A POST OFFICE BOX)		DRI ORI
		9 PE
B. If amending the registered agent and/or registered agent and/or the new registered office add		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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 = 1 AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Change
			□ Add
			☐ Remove
	`		☐ Change
			Add
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ffective date, if other than the data an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Department.	e specific and cannot be prion k does not meet the appli-	cable statutory filing		g.) Pursuant to 605.020
e record specifies a delayed of The 90th day after the recor	effective date, but no d is filed.	ot an effective t	me, at 12:01 a.m	on the earlier o
ated APRIL 18	2018	_·		
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Page 3 of 3

Filing Fee: \$25.00