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S. PRATHER

COVER LETTER

	ion Section of Corporations	
	& J TRANPORTATION, "LLC"	
SUBJECT:	Name of Limited Liability Company	
701 I I I I		
The enclosed Arti	les of Amendment and fee(s) are submitted for filing.	
Please return all c	rrespondence concerning this matter to the following:	
	LOURDES M. GARCIA	
	Name of Person	
	N & J TRANPORTATION, "LLC"	
	Firm/Company	
	17231 NW 32 CT	
	Address	
	MIAMI GARDENS, FL 33056	
	City/State and Zip Code	
	glourdes28@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further inform	ntion concerning this matter, please call:	
LOURDES M.	GARCIA at (_786)256-1145_ Same of Person Area Code Daytime Telephone Number	
Enclosed is a che	k for the following amount:	
© \$25.00 Filing	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FI, 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

N & J TRANPORTATION, "LLC"		a a a
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	oany as it now appears on our records.) Liability Company)	T P P C S S S S S S S S S S S S S S S S S
The Articles of Organization for this Limited Liability Company	y were filed on <u>4/10/18</u>	rand assigned
Florida document numberL18000090116		STA S.
This amendment is submitted to amend the following:		मां 🗕
A. If amending name, enter the new name of the limited lia	bility company here:	
N & J TRANSPORTATION, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or t	the abbreviation "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)		
		<u></u>
B. If amending the registered agent and/or registered of		nter the name of the new
registered agent and/or the new registered office address he	<u>re</u> :	
N. C. D. C. LA		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter r tortaa street aaaress	
	, Florida	aZip Code
	City	ир Соае
New Registered Agent's Signature, if changing Registered Agent	•	

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
MGR	LOURDES M. GARCIA	17231 NW 32 CT, MIAMI GARDENS, FL 33056	_ ₩ Add
			Remove
			Change
			□ Add
			□ Remove
			□ Change
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Note: If i	date, if other than the date of filing:	.020 ed a
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.	er c
	10/6/18	er c
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) The 90	10/6/18	₽ F (
) The 90	10/6/18 Signature but member or authorized representative of a member	
) The 90	10/6/18 Signature of member or authorized representative of a member LOURDES M. GARCIA	The state of the s
)) The 90	10/6/18 Signature but member or authorized representative of a member	

Filing Fee: \$25.00