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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Be	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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I ALBRITTO

COVER LETTER

10: Registration Division of C	Section Corporations		
	RANSPORTATION, LLC	N & J TRANSPORTATION,	LLC
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	ROBERTO G. TABAREZ		
		Name of Person	
	J & N TRANSPORTATIO	ON LLC	
		Firm/Company	
	17231 NW 32 CT,		
		Address	
	Address MIAMI GARDENS, FL 33036 E-mail address: (to be used for future annual report notification) information concerning this matter, please call: GARCIA Name of Person Address Mame of Person E-mail address: (to be used for future annual report notification) information concerning this matter, please call: GARCIA Name of Person At (186) Area Code Daytime Telephone Number Area Code MAILING ADDRESS: Certificate of Status MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Registration Section		
	roberttabarez@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further informatio	n concerning this matter, please c	all:	
LOURDES GARCIA			
Nam	e of Person		me Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fre		Certified Copy	Certificate of Status & Certified Copy
Reg	istration Section ision of Corporations	Registration Sect Division of Corpo Clifton Building	ion prations Center Circle



November 19, 2019

ROBERTO G. TABAREZ 17231 NW 32 CT MIAMI GARDENS, FL 33056

SUBJECT: N & J TRANSPORTATION, LLC

Ref. Number: L18000090116

We have received your document for N & J TRANSPORTATION, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 219A00023719

Irene Albritton Regulatory Specialist II

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited	Liability Company were filed on 04/	/10/2018 and assigned
Florida document number L18000090116	·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company he	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	261
		ن
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and registered agent and/or the new registered. Name of New Registered Agent:		our records, enter the name of the
rame or new registered rigent.	17231 NW 32 CT.	
	172011940201,	
New Registered Office Address:	Enter Flor	rida street address
New Registered Office Address:	Enter Flor	rida street address . Florida ³³⁰⁵⁶

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>	<u>Address</u>	Type of Action
MGR	LOURDES GARCIA	17231 NW 32 CT, MIAMI GARDENS, FL 33056	
			■ Remove
		21-	☐ Change
MGR	ROBERTO G TABAREZ	17231 NW 32 CT, MIAMI GARDENS, FL 33056	■ Add
			☐ Remove
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			Add
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	10	/16/2019			
ective date, if other than to effective date is listed, the date	he date of filing:			(optional)	
n effective date is listed, the date to the late in this rected in this	must be specific and cann block does not meet t	ot be prior to date of f he applicable statu	iling or more than 90 da tory tiling requiremen	iys after filing.) Pursuant to nts-this date will not be	605.020' listed as
cument's effective date on the			iory ming requirement	The care will not be	inited at
record specifies a delay	ed effective date,	, but not an effe	ective time, at 12	2:01 a.m. on the ea	arlier o
The 90th day after the r			·		
10/16 ted					
	101	,			
			esentative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00