# L18000129795

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# **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	JCD Healt Name of Lim	hy Air LLC ited Liability Company	<del></del>	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	-	Jany Coto Name of Person		
		Name of Person		
		Firm/Company		
	5891 S.	Jennings Rd Address		
	Jany 150	City/State and Zip Code  Code	ication)	<b>西</b> 注:
For further information of	concerning this matter, please ca			<u> </u>
Jany	COTO of Person	at ( <u>&amp;63</u> ) <u>537</u> Area Code Daytime	Telephone Number	18 PH 3: 36
Enclosed is a check for t	he following amount:			36
\$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, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

TCD Healthy A  (Name of the Limited Liability Con (A Florida Limit	ir LLC.	our records )	15 P. S.
(A Florida Limit	ed Liability Company)	4	. ڊب
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 1800013-5798</u>	any were filed on <u>5</u> /	/21 /2018 and assi	gned 3
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
JCD TRANSPORT,	LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation	ation "LLC" or the abbreviation "L.1	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
-			· 
Enter new mailing address, if applicable:		· · ·	
(Mailing address MAY BE A POST OFFICE BOX)			
		1.11-11-1	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		r records, <u>enter the name o</u>	of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	reet address	
•		, Florida Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>		

### 1

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 fitle, 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
			Add
			□ Remove
			Change
			□ Add
			☐ Remove
			□ Change
			□ Remove
			☐ Change
			□ Add
		<del></del>	☐ Remove
			□ Add
			☐ Remove
			Change
			□ Add
			□ Remove
			Change

If amending any other inform	mation, enter change(s) here:	(Attach additional sheets, if n	ecessary.)
	<del> </del>		
<del>-</del>		<u></u>	
<del>-</del>			
			2004
	,		
	the date of filing: must be specific and cannot be prior to s block does not meet the applicable be Department of State's records.	(op date of filing or more than 90 days at the statutory filing requirements, t	otional) for filing.) Pursuant to 605.0207 (3 his date will not be listed as th
the record specifies a dela ) The 90th day after the r	yed effective date, but not record is filed.	an effective time, at 12:0:	l a.m. on the earlier of:
Dated/0- /5- 20	<u>) 19</u>		
	Signature of a member of huttor	ord representative of a member	
	Jany Coto		
	Typed or printed	name of signee	<del></del>

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Filing Fee: \$25.00