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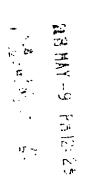
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COVER LETTER

Division of Co	rporations .			
CUBIECT.	JERUSALEM TRUCKI	NG LLC		
SUBJECT:	Name of Lin	nited Liability Company		نَحَة
				75 25
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	VERL	Y DUMARSSAIS		٠.;
		Name of Person		• :
	JERUS/	ALEM TRUCKING LLC		
Firm/Company			-	
	8513 WHITE RD			
		Address		
	(ORLANDO , FL 32835		
		City/State and Zip Code	-	
	E-mail address: (to be used for future annual re	port notification)	
For further information	concerning this matter, please c	all:		
VERLY DUMA	ARSSAIS	407 255- at ()	5424	
Name	of Person	Area Code	Daytime Telephone Number	
Enclosed is a check for t	the following autount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Fi Certifica	ling Fee, te of Status &

MAILING ADDRESS:

. ₹

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JERUSAI	LEM TRUCKING LLC	The state of the s
(<u>Name of the Limited</u>	I Liability Company as it now appears on our records V Florida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Lia Florida document number <u>L18000143836</u>	bility Company were filed on 06/18/2018	and assigned
This amendment is submitted to amend the follow	ving:	•
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records ce address here:	s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	v.
	. Flo	orida
	Cuy	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jean Guynemer Clerveaux	8513 WHITE RD ORLANDO, 32855	■ Add
			□ Remove
			☐ Change
			□ Remove
		□ Add	
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change

lf amending any other informa	ation, enter change(s) here: (Attach additional sheets, if necessary.)	
		 -
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·····		
		
If an effective date is listed, the date mu	e date of filing:	ant to 605,0207 of be listed as
ne record specifies a delayed The 90th day after the rec	d effective date, but not an effective time, at 12:01 a.m. on th cord is filed.	e earlier of
Dated APRIL 06	2019	
	Rosen -	
	Signature of a member or authorized representative of a member	
	Verly Dumaresens Typed or printed name of signee	
-	Typed or printed name of signee	

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