# L18000144537

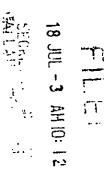
(Requestor's Name)
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P WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
s to Filing Officer:  waived due to error  frhis office. Name  ailable on initia

Office Use Only

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T. BURCH

## **COVER LETTER**

TO: Registration Section Division of Corporatio	ns		
SUBJECT: TRT	Ransport Name of Limite	Services LL ad Liability Company	<u>_C</u>
The enclosed Articles of Amenda	nent and fee(s) are subm	itted for filing.	
Please return all correspondence	concerning this matter to	the following:	
F	odrigue	Raymond Name of Person	····
		Firm Company	
77	11 A N. 2	284h St	
$\preceq$	ampa, F	L 33612 City/State and Zip Code	
	5 de 80 00 (18	Hahoo. Com	(on)
For further information concerni	ng this matter, please call	l:	
Rodrigue Rod	brompx	at ( <u>213</u> )	764 lephone Number
Enclosed is a check for the follow	wing amount:		
	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



### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 19, 2018

- 1 12 X 1

JR EXPRESS LLC 11114 N.28TH ST TAMPA, FL 33612

SUBJECT: JR EXPRESS LLC Ref. Number: L18000144537



This is to advise you that on June 12, 2018, we filed your entity under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your entity to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6052.

Sincerely,

Tim Burch Regulatory Specialist II Supervisor New Filing Section

Letter Number: 918A00012781

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp.  (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L   800 0 14 4537</u>	were filed on SONC	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  TRANSPORT Services  The new name must be distinguishable and contain the words "Limited Liabi	i 1 🛥	nsport Services,
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	11114 N. 28+1 Tampa, FL	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11114 N. 281 Tampa, FL 3	th st 33612
B. If amending the registered agent and/or registered or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>er</u>	nter the name of the new
Name of New Registered Agent:		<b>ω</b>
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florid	a
	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 = Manager

$AMBR = \lambda$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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tive date, if other than the date of filing:  [Rective date is listed, the date must be specific and cannot be prior to date of filing or mo	(optional)
ffective date is listed, the date must be specific and cannot be prior to date of filing or me. If the date inserted in this block does not meet the applicable statutory filing	ore than 90 days after filing.) Pursuant to 605 g requirements, this date will not be liste
ment's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective t	ime, at 12:01 a.m. on the earlie
e 90th day after the record is filed.	
sure 26 2018	
<u> </u>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00