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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CP.J Transport LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Peron Merise Jr. Name of Person
CPJ Traciscont LLC
4177 N Haveshill Kd Apt &12
City/State and Zip Code
E-mail address. (to be used for future annual report notification)
For further information concerning this matter, please call:
Perci Merise Jr at (Stell) (155-252) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
▼ \$25.00 Filing Fee

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

CPJ Transport LL	_C					
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia						
The Articles of Organization for this Limited Liability Company w	ere filed on $C'I/23/2018$	and assigned				
Florida document number <u>L18000175813</u> .						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabili	ty company here:					
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbrev	fation "L.L.C."				
Enter new principal offices address, if applicable:	5e					
(Principal office address MUST BE A STREET ADDRESS)		DIV				
		SE				
		70 (SA)				
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)		→ Por S				
		9 😤				
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the	name of the nev				
registered agent and/or the new registered office address here.						
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street address					
	, Florida	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 per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am fam ovided for in Chapter 605, F.S. Or, if t	iliar with and his document is				

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>	Name	Address	Type of Action
MGR	Jaeynn Merisc	409 NN 14th St	
		Belle Glade FL 33430	Remove
			Change
MGR	Caprecia Milton	4177 N Havertill Red Apt 812	Add
		Nest Palm Beach FL 33417	□ Remove
			□ Change
<u>Ambr</u>	Peran Merise Jr.	4177 N Hancolmi Rel Hoi E	12 de Add
		Nest Plan Beach FL 3541	<u> </u>
			Change
			□ Remove
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an effective c	ate is listed, the date mus	st be specific and	d cannot be pric			n 90 days afte	r filing.) Pursua		
	Iate inserted in this bl ffective date on the D				ory filing requ	irements, th	is date will no	t be list	ted a
rocord s	pecifies a delayed	d affortive :	date hut n	ot an effe	ctive time	at 12:01	am on the	e earli.	er (
	day after the rec			ot an ene	cuve unie,	dt 12,01	d.iii. Oii cii	Carm	
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		Signature of a							

Page 3 of 3

Filing Fee: \$25.00