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COVER LETTER

	stration Section of Cor			
	J&A AMI	ERICAN TRANSPORT LLC	•	
SUBJECT: _		Name of Lim	ited Liability Company	<u> </u>
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ill correspo	ndence concerning this matter	to the following:	
		ANDREINA BARRETO		
			Name of Person	
			Firm/Company	
		5909 LEE VISTA BLV #2	204	
			Address	
		ORLANDO, FL 32822		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		JAAMERICANTRANSPO	=	<u> </u>
			to be used for future annual report noti	fication)
For further inf	ormation co	oncerning this matter, please c	all:	
ANDREINA I	BARRETO		407 2169577 at ()	
	Name of	Person		e Telephone Number
Enclosed is a c	theck for th	e following amount:		
■ \$25.00 Fil	ling 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)
	ng Address stration S		Street Address: Registration Se	ction
		orporations	Division of Cor	
P.O.	Box 632	7	The Centre of T	allahassee
Talla	ahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J7A AMERICAN TRANSPORT LLC

(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited I Florida document number L18000179766	Liability Company were filed on $\frac{C}{C}$	12 A C C C C C C C C C C C C C C C C C C	ssigned	
This amendment is submitted to amend the fol	lowing:	72	是口	
A. If amending name, enter the new name of	of the limited liability company	here:	6: 0	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "	L.L.C."	
Enter new principal offices address, if appli	cable:		<u>.</u>	
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE				
	<u></u>	·	7	
B. If amending the registered agent and/or agent and/or the new registered office address.	ess here:		ew registered	
Name of New Registered Agent:	ALEJANDRA PRICHODECZE	ENKO		
New Registered Office Address:	5909 LEE VISTA BLV #204			
	Enter Florida street address			
	ORLANDO	Florida 32822		
	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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ALEJANDRA PRICHODEZCENK	7741 NW 7ST UNIT 110, MIAMI,FL 33126	≅Add
			□Remove
			Change
			□Add
			□Remove
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fective date, if other th	in the date of filing	06/01/2020		(optional)	
n effective date is listed, the d	ate must be specific and	cannot be prior to d		in 90 days after filing.) Pursi	
ite: If the date inserted in cument's effective date or			statutory filing req	iirements, this date will n	iot be listed as t
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ecord specifies a delayed of	ffective date, but not a	an effective time,	at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
is filed.					
HH Y 26		2020			
ted JULY,26	·				

Typed or printed name of signee