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## **COVER LETTER**

TO:	Registration Se Division of Cor				
		100	JLOBAL TRANS LLC		
SUBJECT: Name of Limited Liability Company					
The er	nclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please	e return all correspo	indence concerning this matter to	o the following:		
		EVELYN R GONZALEZ E	EA MBA		
			Name of Person		
		ACCOUNTING CENTER I	FOR SMALL BUSINESS LLC		
			Firm/Company		
		5701 DOGWOOD DR			
			Address		
		ORLANDO FL 32807			
			City/State and Zip Code		
		ACCORL.EVELYN@GMA		<del></del>	
			be used for future annual report notifi	cation)	
For fu	irther information e	oncerning this matter, please cal	ll:		
EVELYN R GONZALEZ EA MBA			407 281-0227		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclo	sed is a check for th	ne following amount:			
□ s:	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

J D GLOBAL TF	RANS LLC			
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears d Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Compar	August 7, 2018	and assigned		
Florida document number L18000189302				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company her	<u>ге</u> :		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the de	signation "LLC" or the ab	breviation "L.L.C.	**
Enter new principal offices address, if applicable:		_		<u>0</u>
(Principal office address MUST BE A STREET ADDRESS)				11S1/ 03S
			OG.	<u>₩</u>
			16	CZF
Enter new mailing address, if applicable:			<b>-5</b>	
		<del></del>		<del>- 2</del> 55 - <del>2</del> 55
(Mailing address MAY BE A POST OFFICE BOX)				- <del>10</del>
		·	2	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		our records, enter	the name of	the new
New Registered Office Address:	Enter Flori	da street address		
		, Florida		
	City		Zip Code	<del></del>
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>			

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
MGR	JUAN P AYALA ROMAN	1036 GREAT SHADY LN	
		ORLANDO FL 32825	■ Remove
			Change
MGR	JOSE P AYALA ROMAN	1036 GREAT SHADY LN	■ Add
			Remove
			Change
			□ Remove
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			Add
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n effective da <u>ste:</u> If the d	te, if other than the ate is listed, the date mus date inserted in this bl ffective date on the D	it be specific and ca ock does not mee	et the applicabl	date of filing or n e statutory filin	ore than 90 days a	ptional) fter filing.) Pursu this date will n	iant to 605.0 ot be listed
	pecifies a delayed day after the rec		te, but not a	in effective t	ime, at 12:0	1 a.m. on th	ie earliei
AUGU	ST 13	_					
			All				
_		Signature of a mer	mhar ar autharin	ad sansacantation	of a manhan		
		CONTRACTOR COMPACTOR	moci di audioliz	ca representative	OF A THEIRIOGI		

Page 3 of 3

Filing Fee: \$25.00