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COVER LETTER

TO:

TO:	Registration Sec Division of Corp			
ento He		NSPORT XPRESS LLC		
SUBJE(CI:	Name of Limi	ned Liability Company	
The enc	losed Articles of 7	Amendment and fee(s) are subt	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		ALAN MARTINEZ		
		SIMPLEX GROUP	Name of Person	
		5800 NW 74TH AVE	Firm/Company	· · · · · · · · · · · · · · · · · · ·
		MIAMI, FL 33166	Address	
		amartinez@simplexgroup.n	City/State and Zip Code	·1
7 C			to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca		
ALAN MARTINEZ / SIMPLEX GROUP			305 599-8287 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 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)
	Registr	ING ADDRESS: ation Section on of Corporations	STREET/COURIE Registration Section Division of Corpora	1

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JJ & F TRANSPORT XPRESS LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 10/05/18	and assigned
Florida document number L18000236430	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		* •
Mailing address MAY BE A POST OFFICE BOX)		•
		** •
		· ·
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>dress here</u> :	enter the name of the n
		•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	City	гір Соае

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 by removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	OSORIO, JUAN C	24323 SW 113TH PSGE	Add
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			1	11/2/18					
fan effect Note: If	e date, if other to ive date is listed, the the date inserted t's effective date	e date must be sp in this block de	ecific and can ses not meet	the applicat	o date of tiling ble statutory	g or more than filing requi	(option 90 days after terments, this	filing.) Pursuant	to 605.0207 be listed as
ie recoi The 9	rd specifies a Oth day after	delayed effe the record i	ective date s filed.	e, but not	an eifect	ive time, a	at 12:01 a	a.m. on the	earlier o
Nated	OVEMBER 2ND)	2	2018					
Jaico		(0)	120	24m) 1					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00