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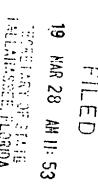
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PICK-UP WAIT	MAIL.
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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:		TRANSPORT LLC		
SCP11/C1:		Name of Limi	ted Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please return	ı all correspoi	ndence concerning this matter (to the following:	
		MARCELA GUERRA		
			Name of Person	
		JMG AUTO TRANSPORT	LLC	
			Firm/Company	
		18743 SW 26 ST		
			Address	····
		MIRAMAR, FL 33029		
		MCROMERO72@GMAIL.	City/State and Zip Code COM	
		E-mail address. (t	o be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please ca	ıl l :	
MARCELA	GUERRA		954 261-0360 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is:	a check for th	e following amount:		
□ \$25.00 H	Filing Fee	S30.00 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:

TO:

Registration Section

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

and assigned
reviation "L.L.C."
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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
			□ Add
			☐ Remove
			☐ Change
		-	
		□ Remove	
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		·	Add- 28 Emogra 11: Glange
			Deemogra
		Remove	
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<u>.</u>			
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Effective date, if other than the date of filing: (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days ofte: If the date inserted in this block does not meet the applicable statutory filing requirements neument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:00 that of the poth day after the record is filed.	
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The 90th day after the record is filed.	after filing.) Pursuant to 605,020
- MARCH 25 2019	01 a.m. on the earlier o
Signature of a member or authorized representative of a member	
1 Signature of a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00