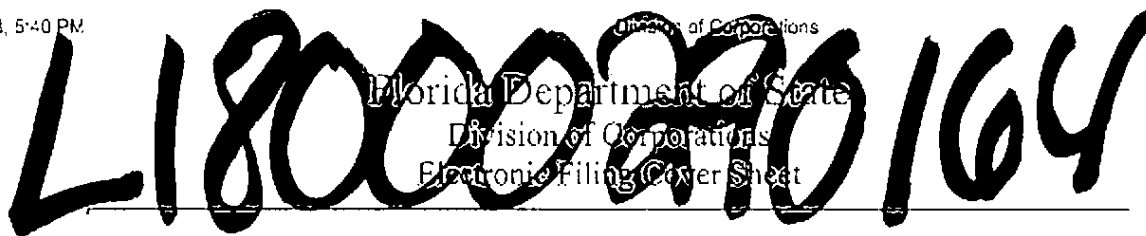


9/30/23, 5:40 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000303059 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SANTOS & PANTOJAS TAX, ACCOUNTING & INSURANCE, INC
Account Number : 120170000075
Phone : (407)381-6137
Fax Number : (407)381-2307

2023 SEP 7 PM 5:22

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

lcrain@sgtaxfi.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MJM TRANSPORTATION, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

SEP 08 2023
T. LEMIEUX

1-4230003020593

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MJM Transportation 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:

LORRAINE SANTOS

Name of Person

Firm/Company

1486 S SEMORAN BLVD

Address

ORLANDO, FL 32807

City/State and Zip Code

LORRAINE@SPTAXFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORRAINE SANTOS

407 789-5274

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIM TRANSPORTATION, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/18/2018 and assigned
Florida document number L18000290164.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

342 GOLDEN SANDS CIR

(Principal office address MUST BE A STREET ADDRESS)

DAVENPORT, FL 33837

Enter new mailing address, if applicable:

342 GOLDEN SANDS CIR

(Mailing address MAY BE A POST OFFICE BOX)

DAVENPORT, FL 33837

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CAMILLE M DEL VALLE VELAZQUEZ

New Registered Office Address:

342 Golden Sands Cir.

Enter Florida street address

DAVENPORT

City

Florida 33837

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.

Camille M. Del Valle Velazquez
H-Changing Registered Agent, Signature of New Registered Agent

H23000303054 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ERICA RIVERA RUIZ	1814 SNAPPER DR.	<input type="checkbox"/> Add
		KISSIMMEE, FL 3475	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CAMILLE M DEL VALLE VELA	342 GOLDEN SANDS CIR.	<input type="checkbox"/> Add
		DAVENPORT, FL 33837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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1423 000 3030 59

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 31ST 2023

Council of Del Valle
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

CAMILLE M DEL VALLE VELAZQUEZ

Typed or printed name of agent