## 619000116561

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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13. HUNT 17.

## **COVER LETTER**

TO:

TO: Registration Se Division of Cor				
	ONZALEZ LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	OSCAR ESCOBAR			
	<del></del>	Name of Person		
	JOHAN GONZALEZ LLO	<b>∵.</b>		
	<del> </del>	Firm Company	<del></del>	
	1430 SW 1ST ST APT 50.	2		
	Address			
	MIAMI, FL 33135			
		City/State and Zip Code	<u> </u>	
	OAEP85@GMAIL.COM		: (Constant)	
		to be used for future annual report no	incation)	
For further information c	concerning this matter, please co	all:	<del></del> ທ	
OSCAR ESCOBAR		305 450-4300 at (	· —	
Name o	r Person		ne Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$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)	
<u>Mailing Addres</u> Registration !		Street Address: Registration Se	ection	
Division of C		Division of Co		
P.O. Box 632	27	The Centre of	Tallahassee	
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOHAN GONZALEZ LLC		
(Name of the Limited Liab) (A Flori	Hity Company as it now appears on our redda Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number   L19000116561	Company were filed on 04/30/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lir</u>	mited liability company here:	
L & J EXPRESS TRANSPORT LLC		
he new name must be distinguishable and contain the words "Li	imited 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 ADD	PFSS)	
	-	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		• ,
3. If amending the registered agent and/or register agent and/or the new registered office address here:		nter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
<del></del>	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 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>	Name	<u>Address</u>	Type of Action
			Remove
			= Change
	<del></del>		
			□Remove
			= Change
			- Change
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ote: If the date i	other than the date listed, the date must be sp nserted in this block do ive date on the Departn	oes not meet the app	olicable statutory fili	( <b>opti</b> more than 90 days after ing requirements, thi	<b>onal)</b> r filing.) Pursuant to 605.020 s date will not be listed a
	delayed effective date	, but not an effectiv	e time, at 12:01 a.m	. on the earlier of: (b	) The 90th day after the
-					
record specifies a Lis filed. APRIL 30 ated		2024	$\frac{1}{2}$		

Filing Fee: \$25.00