L19000122249

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200405179042

04.403/23--01011--004 **25.00

2023 APR -3 PH 1: 25

COVER LETTER

.

Registration Section

Tallahassee, Fl. 32314

TO:

Division of Cor	porations		
	O TRANSPORT 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:	
	ENEIDA CASTILLO		
		Name of Person	
	JESS & JENN SERVICES	CORP	
		Firm/Company	
	6447 MIAMI LAKES DR	E SUITE 203D	
		Address	••••
	MIAMI LAKES, FL 3305	5	. 🔀
		City/State and Zip Code	2023 APR
	ENEIDA@JESSNJENN.CO	DM	-
		to be used for future annual report notifica	ation) I C
For further information c	concerning this matter, please c	all:	irina 🖺 🗎
MARIA GARCIA		321 324-7018 at ()	identification Number 22
Name o	of Person	Area Code Daytime T	elephone Number 177 3
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 radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration : Division of C	Section Lorporations	Street Address: Registration Section of Corporation of Corporation of Tales	orations
Division of C P.O. Box 632	•	The Centre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ompany as it now appears or lited Liability Company)	our records.)		
pany were filed on 05/06/	2019	_ and assig	ned
liability company here:			
Liability Company," the desig	nation "LLC" or the abbre	eviation "L.L.	
		. 13	
<u> </u>		123	
		<u> </u>	
		ည်	
			
<u> </u>		11	ا المد المن المراسب
		- 20 - 20 - 20 - 20 - 20 - 20 - 20 - 20	
Soo addrass on our roso	ede, antor the name s	if the new i	rogistoros
nce address on our reco	rus, enter the hame t	n the new i	egisteret
Enter Florida :	street address		
<u> </u>	, Florida		
•		Zip Code	
	liability company here: Liability Company." the designormal design	Liability Company here: Liability Company," the designation "LLC" or the abbre S) Enter Florida street address Florida	Itability company here: Liability Company," the designation "LLC" or the abbreviation "L.L. Solution and assignation "LC" or the abbreviation "L.L. Solution and assignation "LC" or the abbreviation "L.L. Solution and assignation "LC" or the abbreviation "L.L. Solution and assignation "L.C" or the abbreviation "L.L. Solution and assignation "L.C" or the abbreviation "L.L. Solution and assignation "L.C" or the abbreviation "L.L. Solution and assignation and assignat

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>	<u>Address</u>	Type of Action
MGR	MARIA E GARCIA	734 NW 24TH AVE	■Add
		MIAMI, FL 33125	□Remove
			☐Change
			∐Add
			□Remove
			Clange 22 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25
			—————————————————————————————————————
			□ Remove
			Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			Ti Change

1	Signature of a memore of author	in the representative of a to			
	Signature of a member or author) / Care	ember	APR -3	
march 21	2023	- , ,	/	2023 APR	
ecord specifies a delayed effective is filed.	e date, but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) Th	e 90th day after	r the
ote: If the date inserted in this blocument's effective date on the Do	ock does not meet the applica epartment of State's records.	bie statutory filing requ	irements, this date	will not be liste	ed as
ective date, if other than the neffective date is listed, the date mus	the specific and cannot be prior to	o date of filing or more tha	i 20 days and ming.	Pursuant to 605.	.020
		<u> </u>			
		-			

Filing Fee: \$25.00