419000153296

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

Office Use Only



200366901602

05/26/21--01011--014 **25.00

221: 2 F112: 01

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations J&J AUTO LOGISTICS LLC SUBJECT: ____ 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: RAZVAN JURIST Name of Person J&J AUTO LOGISTICS LLC Firm/Company 1401 S FEDERAL HWY, #410 Address BOCA RATON, FL. 33432 City/State and Zip Code bocatransportlle@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RAZVAN JURIST 561 5691614 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

J&LAUTO LOGISTICS LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
he Articles of Organization for this Limited Liability lorida document number	Company were filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
BOCA TRANS, LLC		
e new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:	1401 SOUTH FEDERAL HWY, #410,	
rincipal office address MUST BE A STREET ADD	BOCA RATON, FL	• -
The part of the same of the sa	33432	
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registere ent and/or the new registered office address here:		ne of the new regis
Name of New Registered Agent: RAZ	VAN JURIST	: .
New Registered Office Address:		\
	Enter Florida street address	1.12
	, Florida	
	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 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
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
		·	
			□Remove
			□ Change

_	
ffective	e date, if other than the date of filing: (optional)
Note: If	e date, if other than the date of filing:
record : d is filed	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
ated	05/20/2021
	ΔT
	/ / //
	Signature of a member or authorized representative of a member RAZVAN CIRIST Typed or printed name of signee