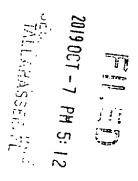
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COVER LETTER

Div	rision of Corp	oorations					
SUBJECT:	King James Transport LLC						
SUBJECT.		Name of Limi	ted Liability Company				
The enclosed	d Articles of A	Amendment and fee(s) are subt	nitted for filing.				
Please return	n all correspor	ndence concerning this matter t	to the following:				
		Linda Osorio					
			Name of Person				
			Firm/Company				
		15041 SW 63rd ST					
		Address					
		Miami FL 33193					
		yourwaytruckingcompany@	City/State and Zip Code gmail.com	<u> </u>			
		E-mail address: (to be used for future annual report notifi	ication)			
For further i	information co	oncerning this matter, please ca	all:				
Linda Osori	io		786 328-4076	_			
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed is	a check for th	e 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)			

MAILING ADDRESS:

Registration Section

TO:

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

King James Transport LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed Florida document number L19000231791	I on 9-13-2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	oany here:
Your Way Trucking LLC	
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	TAL
	007
	S 7 men
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	معر کی گئی
	: 2
	ress on our records, enter the name of the
Name of New Registered Agent: New Registered Office Address:	
Name of New Registered Agent: New Registered Office Address:	nter Florida street address
New Registered Office Address:	

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
	 		
			Remove
			Change
			Remove
			Change
	<u> </u>		
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change

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on affa	ve date, if other than the date of filing:
lote: I	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listerent's effective date on the Department of State's records.
e reco The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.
ated_	10-1-2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00