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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	۵	JR Auto Transport L	.LC ·
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Rachel Cruz Name of Person	
		Name of Ferson	
	A.	JR Auto Transport Ll	<u>_C</u>
		Firm/Company	
		3835 Lakewood Rd	
	-	Address	
		_ake Worth, FL 3346: City/State and Zip Code	1
	A IDALITO	•	MAII COM
	E-mail address:	TRANSPORTLLC@G (to be used for future annual)	report notification)
For further information of	oncerning this matter, please of	call:	
Rachel (Cruz	at (786)	359-2306
Name o	t Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25,00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &
<u>Mailing Addres</u> Registration (Street Ad Registra	ldress: ition Section
Division of C		-	of Corporations
P.O. Box 632			ntre of Tallahassee
Tallahassee, 1	ГL 32314	2413 N.	Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	£020 (t)	. I Pilo on
(<u>Name of the Limited Liability Co</u>) (A Florida Linu	mpany as it now appears on our ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa		
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records,	enter the name of the new registered
Name of New Registered Agent:		
Navy Projectored Office Address		
New Registered Office Address:	Enter Florida street	uddress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my dut as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

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 P. P.	$\text{A2: 30} \frac{\textbf{Type of Action}}{\textbf{O}}$
MGR	Ramon Cruz	3835 Lakewood Rd	□Add
	Lake Worth, FL 33461	■Remove	
			□ Change
MGR Rachel Cruz	3835 Lakewood Rd	■Add	
	Lake Worth, FL 33461	□Remove	
			□ Change
			□ Add
			□Remove
			□Change
		····	□ Add
			□ Remove
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lf an effi <u>Note:</u>	(optional) cetive date, if other than the date of filing: (optional) cetive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e record rd is fil	d 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 led.
Dated :	August 10th 2020
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00