LZO 0000 26616

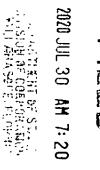
(Req	uestor's Name)	
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COVER LETTER

	Registration Sec Division of Corp			
SHRIFE		ORT EXPRESS LLC		
SUBJEC	- I i	Name of Lim	ited Liability Company	
The anal	oood Amiolija of A	annonders and foots) are sub-		
		Amendment and fee(s) are sub idence concerning this matter	~	
	•	3		
			JEURY RODRIGUEZ	
			Name of Person	
		J.	J TRANSPORT EXPRESS I	LLC.
			Firm/Company	
9 ARECA DRIVE				
			Address	***************************************
		OR	LANDO, FLORIDA 32807	
			City/State and Zip Code	
		JEURY74@GMAI E-mail address: (L.COM to be used for future annual repo	ort notification)
For furth	er information co	ncerning this matter, please c	all:	
JEURY .	A RODRIGUEZ		407 at ()	860-7445
	Name of	Person		Daytime Telephone Number
Enclosed	is a check for the	e following amount:		
25 .	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		Street Addr Registratio	r <u>ess:</u> on Section
	Division of Co	orporations	Division of	of Corporations
	P.O. Box 6327	1	The Centr	e of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JJ TRANSPORT EXPRESS		
(Name of the Limited Liab (A Flor	illity Company as it now appears on our records.) ida Limited Liability Company)	30
The Articles of Organization for this Limited Liability Florida document number L20000026616	Company were filed on01/21/2020	and assigned
This amendment is submitted to amend the following:		20
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	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	DRESS)	
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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
MGR	JEANNETTE J ROSARIO	9 ARECA DRIVE	
		ORLANDO, FLORIDA 32807	_
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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	07/09/2020	
ffecti m effe	e date, if other than the date of filing: (optional) (optional) tive 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 605.0	י דייני
ote:	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	207 (Las t
ocume	it's effective date on the Department of State's records.	
record l is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to	the
13 111	.	
ntad	ULY 9 2020	
aicu _	· · · · · · · · · · · · · · · · · · ·	
	Cua lateral	
	Signature of a member or authorized representative of a member	

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Typed or printed name of signee