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SECRETARY OF STATE
FAIL AHASSEE, FL

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COVER LETTER

	gistration Sec vision of Corp						
SURIFCT:		ANSPORTATION LLC					
Sobject.		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·			
The enclose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please return	n all correspo	ndence concerning this matter	to the following:				
		NEFTALI A CASTRO					
Name of Person							
	JEREH TRANSPORTATION						
Firm/Company							
	1131 SUMMIT PLACE CIR- C						
		· · · · · · · · · · · · · · · · · · ·	Address				
WEST PALM BEACH, FL 33415							
	City/State and Zip Code JAREHTRANSPORTATION@GMAIL.COM			 			
			to be used for future annual report not	ification)			
For further i	information co	oncerning this matter, please ca	all:				
NEFTALL.	A CASTRO		561 4945263				
Name of Person		at () Area Code Daytin	ne Telephone Number				
Enclosed is ☐ \$25.00		ne following amount: ☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	S60.00 Filin Certificate	g Fee. 王子 of Status	2024 JUL 10 A	T
			(additional copy is enclosed)	Certified Co (additional cop	OF STATE	AHIO: 12	Page 1

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

5.4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEREH	TRAN	ママア	RTA	TION	HC
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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Forda Emined)	Elabrity Company)		
The Articles of Organization for this Limited Liability Company	were filed on 02/21/2020 and assigned		
Florida document number L20000058281	_		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	JHONATAN CARVAJAL		
(Principal office address MUST BE A STREET ADDRESS)	6148 WESTGATE DR UNIT 301		
	ORLANDO FL 32835		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
(Maning undress MAT BLAT OST OTTTCL BOA)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address Florida City Zip Code (S OF SET S)		
	Enter Florida street address		
	City Zip Code (C.O.)		
New Registered Agent's Signature, if changing Registered Agent:	En co		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		
If Chai	nging 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	ISSUALIN C SANTANA	1131 SUMMIT PLACE CIR - C WEST PALM BEA	.C □Add
			Remove
			□Change
MGR	JHONATAN CARVAJAL	6148 WESTGATE DR - 301 ORLANDO FL 32835	≡ Add
			□Remove
			□Change
			_ 🗆 🗆 Add
			□Remove
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			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant 2605.2207 (3)(4)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will be delitisted as the document's effective date on the Department of State's records. Dated ___ of a piember or authorized representative of a member MANAGER Typed or printed name of signee

Filing Fee: \$25.00