LZO 000089373

(Requestor's Name) (Address)	000349731640
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	ეგ,/ეგ/20++ე;ე;ს++0i3 *•60.09
Certified Copies Certificates of Status Special Instructions to Filing Officer:	2020 AUG -6 PM 4: 48 SECRETARY OF STATE TALL APASSEE, FL

Office Use Only

COVER LETTER

TO:	Registration Section · Division of Corporations	
SUBJEC	T: JWISCET TRANSPORTATION A	LLC
The encl	osed Articles of Amendment and fee(s) are submitted for filing.	
Please re	turn all correspondence concerning this matter to the following:	
	Joui Cet Sylvain	
	JWIS CRT THANSPORTATION	LL C
	3754 Mil-LAKE CT	_
	CTREENACRES F1 334 City/State and Zip Code JOUICETO GMAIL. COM	63
	E-mail address: (to be used for future annual report notification)	
For furth	er information concerning this matter, please call:	
<u>Jo</u>	$\frac{U/^{\circ}CCT}{Name of Person} \frac{Sy}{NA} = at \frac{(561)}{Area Code} \frac{633-722}{Daytime Telephone}$	
Enclosed	l is a check for the following amount:	
□ \$25.	Certificate of Status Certified Copy (additional copy is enclosed)	0.00 Filing Fee, entificate of Status & entified Copy dditional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

	U	ľ		
TIMECOT	- ///	11 10011	2021	1,AUG-6 PM 4: 48
(Nome of the Limit	////	15 YURIA	SE SE	RETARY OF STATE
(Same of the Limit	(A Florida Limited I.	ny as it now appears on liability Company)	our recoras.) 7	ALLAHASSEEFFE
The Articles of Organization for this Limited L	iability Company	were filed on <u>03</u>	124/	20 and assigned
Florida document number <u>\$5-0515</u>	912	,	, ,	•
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liabi	lity company here:		
The new name must be distinguishable and contain the w	vords "Limited Liabil	ity Company," the design	ation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applic				
(Principal office address MUST BE A STREE				
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or r		ddress on our recor	ds, <u>enter the n</u>	ame of the new registered
agent and/or the new registered office addres	ss here:		ı	,
Name of New Registered Agent:	Jour	'CET	<u>Sylv.</u>	AIN
New Registered Office Address:	3754	MIL-LA	Ke (<u></u>
	CTREE	Enter Florida si NACLUS	reet address, Florida	33463
		City		Zip Code
NI. 18. 14 14 45 45 4 15 1 15 15	Marketine and Article and Arti			

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

Address
3754 MIL-LAKE CT Type of Action **Title** Name MCTR WISLY PAUL CTREENA CRES F 33463 Remove __ □Change MGR Adeline SAINTLOUIS 3754 MIL-LAKE CT CTREENACRES F/ 33463 ☐ Change _____ □Remove _____ □Change Remove _____ □Change Remove

_	
_	
_	
_	
_	
_	
_	
_	
_	
n effe <u>ite:</u> - I	the date, if other than the date of filing:
ecord	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
is file	, /
1,,,1	07/21/20
ica _	
	Signature of a facilities or authorized representative of a member 1006 CET SYATA

Filing Fee: \$25.00