4/2/2020

Florida Departmento fi State Dividion of Comorations Electronic Filing Cover Sheet

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	Doing so will generate another cover sheet.	202
To:		0
	Division of Corporations	A PR
	Fax Number : (850)617-6383	
From:		
	Account Name : THREE K FAST CARRIER SERVICES INC	A. A.
	Account Number : I20180000033	9
	Phone : (305)805-3516	
	Fax Number : (305)887-5844	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Dautayuniaro agmada Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JACKAL TRANSPORT LLC

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COVER LETTER

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for further information co	oncerning this matter, please of	call:		
_		(to be used for future ann	ual report notific	ration)
	BAUTAYUNIORO@GM			
		City/State and Zip Co	ode	
	HIALEAH, I'L 33010			
		Address		
	301 HIALEAH DRIVE #	102		
		Firm/Company		
	JACKAL TRANSPORT			
		Name of Person		
	FIRST NAME: YUNIO			RO
rlease return all correspo	ondence concerning this matter	er to the following:		
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5003EC1.	Name of Li	imited Liability Company		
JACKAL T	TRANSPORT LLC			
Division of Con	rporations		0	_ _
TO: Registration Se	ection			(41200

Mailing Address:

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

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Street Address:

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

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ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF

ed Liability Company as it now appears (A Florida Limited Liability Company) 4-2-2020 The Articles of Organization for this Limited Liability Company were filed on Florida document number LZOO/ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: Ö (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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.

ing 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: (H2000001994783)

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	YUNIOR BAUTA GIRO	301 HIALEAH DRIVE #102	<u>- </u>
		HIALEAH, FLORIDA 33010	□ Remove
AMBR	CARIDAD FERNANDEZ	301 HIALEAH DRIVE #102	□ Change
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D. If amending any other information, enter change(s) here: (Attach add	- • • • • • • • • • • • • • • • • • • •
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Effective date, if other than the date of filing: 422020 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or a Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.020 ng requirements, this date will not be listed as
the record 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
Dated April 2nd 2020	·
Signature of a member or authorized representative	
YUNIOR BOULTA (7)	RO

Filing Fee: \$25.00