

L20 000 100 547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800410874488

07/05/23--01001--00 **30.00

FILED
2023 JUL -5 PM 3:38
STATE
MISSISSIPPI

2023 JUL -5 PM 3:25
STATE
MISSISSIPPI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J2 TRANSPORT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JACQUES AMILCAR
Name of Person

J2 TRANSPORT LLC
Firm/Company

13027 SW 114TH LANE
Address

MIAMI, FL 33186
City/State and Zip Code

j2transportllc@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACQUES AMILCAR at (305) 962-9334
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☒ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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

U2 TRANSPORT LLC

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

Title	Name	Address	Type of Action
MGR	TENISE, SCOTT	5454 KYLAN DR N	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32209	<input checked="" type="checkbox"/> Remove
		475 OTTER CREEK Rd	<input type="checkbox"/> Change
MGR	TAREN LAKHAN CALLAWAY	FITZGERALD GA 31750	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 to 605.0207 (3)(b)

If 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 record is filed.

Signature of a member or authorized representative of a member

JACQUE AMIL CEN
Typed or printed name of signer

Filing Fee: \$25.00