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(R	equestor's Name)	
(A	ddress)	
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AUG 21 2020 S. YOUNG

COVER LETTER

TO: Registration Sect Division of Corpo		,	
SUBJECT:	Y Trans Name of Limit	port Logistic	_LLC
	mendment and fee(s) are subn		
Please return all correspond	dence concerning this matter t	o the following:	
		anet L. Fernandez Name of Person	
	JY Trans	Sport Logistic	LLC
	9180 NI	W 149th Terr.	
	Miami aguer	Lakes FL 33 City/State and Zip Code O. Joseph 23 OG to be used for future annual report notification)	<u>01</u> 8 <u>m</u> ai\.com
For further information co	oncerning this matter, please ca		
Yanet Name of	Veg Q	at (<u>305</u>) <u>504 - 9269</u> Area Code Daytime Telephone i	Sumber
Enclosed is a check for th	e following amount:		
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & crtified Copy dditional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahasse; 2415 N. Monroe Street, S	
t ananassee, t		Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jy Trans (Name of the Limited L	port	Logist as it now appears of	on our records.)	LC_	-
(A F The Articles of Organization for this Limited Liabil Florida document number <u>L 2000 11</u>	lity Company w		1/a3/;	2 <i>0</i> 20_and	assigned
This amendment is submitted to amend the following	ng:			203	
A. If amending name, enter the new name of the	e limited liabili	ty company here	<u>:</u> :		"iT
The new name must be distinguishable and contain the words	s "Limited Liability	y Company." the des	ignation "LLC" o	or the abbreviation	LL.C.", 1
Enter new principal offices address, if applicable	e:		<u> </u>		ر د جي
(Principal office address MUST BE A STREET A	(DDRESS)				-
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>		 		
B. If amending the registered agent and/or regi- agent and/or the new registered office address h	stered office ac iere:	ddress on our rec	ords, enter th	ne name of the	new registered
Name of New Registered Agent:		<u> </u>			
New Registered Office Address:		Enter Florid	la street address		<u></u>
_			, Flor		
		City		Zip Co	xte

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Joseph Ac	yvero 9180 NW 14 Miami Lakes	gterr Add , FL 33018
<u>AMB</u> R	Yanet L. Fe	rnandez Vega 9180 Miami La	UW 149 tem □ Add
		O MIAMI LO	
			Change
			∐Add
			□Remove
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			[] Change
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			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□ Remove

If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
(If an effecti Note: If	e date, if other than the date of filing:
he record s ord is filed	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 d.
Dated	Signature of a member or authorized representative of a member
	Yahet L. Fernandez Vega Typed or printed name of signee