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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	#)
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(Bu	isiness Entity Nam	e)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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COVER LETTER

Division of Corporations		
SUBJECT: JDVM	Corp Transport LLC Name of Limited Liability Company	
•		
The enclosed Articles of Am-	endment and fee(s) are submitted for filing.	
Please return all corresponde	nce concerning this matter to the following:	
	Jose Tarya Name of Person	
	JDVM Corp Fransport LLC Firm/Company	C.
	5770 NW 72nd Aue	
	Miami II 33166	
	City/State and Zip Code	
_	E-mail address: (to be used for future annual report notification)	
For further information conce	erning this matter, please call:	
Jose Tari	at (305) 773-0956 Area Code Daytime Telephone Number	_
Enclosed is a check for the fo	ollowing amount:	
S25.00 Filing Fee E	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fe Certificate of Status	Status &
Mailing Address:	Street Address:	

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

C TO:

Registration Section

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 OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 2000 H 2093</u>	ny were filed on 04-24-2020 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company." the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	5770 NW 72 nd AUC Miami [1 33166.		
(Principal office address MUST BE A STREET ADDRESS)	Miami [1 33166.		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5770 NW Fnd are Miami F1 33166.		
	e address on our records, enter the name of the new registered		
Name of New Registered Agent:	5370 111 70 10 7		
New Registered Office Address:	Some Tarifa 3 5770 NW 12nd Ave 5 Enter Florida street address 2 3 3 166 City 2000		
New Registered Agent's Signature, if changing Registered Ager	, ; ;		
provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	s provided for in Chapter 605, F.S. Or, if this document is		

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	<u>Name</u>	Address	Type of Action
AMBR	Jose Tanifa	5770 NW 72nd Ave Miana	33166 PL□Add
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an effe	ve date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
record is file	I 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 ed.
ated _	10-11-2021
	Signature of a member authorized representative of a member
	Tose Torita Typed or printed name of signee
	$\sim 10 \sim \rho = 10 (t) i T \Gamma C$