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## **COVER LETTER**

TO:

|                      | Registration Sec<br>Division of Corp                                                |                                                        |                                                                                                             |                                                                                                     |
|----------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| cup irc              | JANA TRA                                                                            | NSIT <b>L</b> LC                                       |                                                                                                             |                                                                                                     |
| SUBJEC               | :1: <u> </u>                                                                        | Name of Lim                                            | ited Liability Company                                                                                      |                                                                                                     |
| The encle            | osed Articles of A                                                                  | Amendment and fee(s) are sub                           | mitted for filing.                                                                                          |                                                                                                     |
| Please re            | turn all correspo                                                                   | ndence concerning this matter                          | to the following:                                                                                           |                                                                                                     |
|                      |                                                                                     | JUAN J RIOS MONTERO                                    |                                                                                                             |                                                                                                     |
|                      |                                                                                     |                                                        | Name of Person                                                                                              |                                                                                                     |
|                      |                                                                                     | JANA TRANSIT LLC                                       |                                                                                                             |                                                                                                     |
|                      |                                                                                     |                                                        | Firm/Company                                                                                                | <del></del>                                                                                         |
| 5617 BLOWING WIND PL |                                                                                     |                                                        |                                                                                                             |                                                                                                     |
|                      |                                                                                     |                                                        | Address                                                                                                     |                                                                                                     |
|                      |                                                                                     | ST CLOUD, FL 34771                                     |                                                                                                             |                                                                                                     |
|                      |                                                                                     |                                                        | City/State and Zip Code                                                                                     |                                                                                                     |
|                      |                                                                                     | jjpj1976@gmail.com                                     |                                                                                                             | A TENS                                                                                              |
| Car fresh            | ar inCormation as                                                                   | E-mail address: (i<br>oncerning this matter, please ca | to be used for future annual report noti                                                                    | neation)                                                                                            |
|                      |                                                                                     | sheeting this matter, prease ea                        |                                                                                                             |                                                                                                     |
| Juan J. R            | lios Monetero                                                                       |                                                        | 787 413-1577<br>at ()                                                                                       | ·                                                                                                   |
|                      | Name of                                                                             | l'Person                                               | Area Code Daytim                                                                                            | e Telephone Number                                                                                  |
| Enclosed             | is a check for th                                                                   | ne following amount:                                   |                                                                                                             |                                                                                                     |
| <b>■ \$2</b> 5.      | 00 Filing Fee                                                                       | ☐ \$30.00 Filing Fee & Certificate of Status           | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                                         | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                      | Mailing Addres<br>Registration S<br>Division of C<br>P.O. Box 632<br>Tallahassee, I | Section<br>orporations<br>7                            | Street Address:<br>Registration Se<br>Division of Co<br>The Centre of T<br>2415 N. Monro<br>Tallahassee, FL | rporations<br>Fallahassee<br>he Street, Suite 810                                                   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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JANA TRANSIT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited I                                                                          | iability Company     | were filed on 05/05/2020             | and assigned                     |
|--------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------|----------------------------------|
| This amendment is submitted to amend the fol                                                                             | lowing:              |                                      |                                  |
| A. If amending name, enter the new name of                                                                               | of the limited liab  | ility company here:                  |                                  |
| N/A                                                                                                                      |                      |                                      |                                  |
| The new name must be distinguishable and contain the                                                                     | words "Limited Liabi | lity Company," the designation "LLG  | C" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if appli                                                                            | cable:               | Juan J. Rios Montero                 |                                  |
| (Principal office address MUST BE A STRE                                                                                 |                      | 5617 Blowing Winf PL                 |                                  |
|                                                                                                                          |                      | St Cloud, FL 34771                   |                                  |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE                                       | BOX)                 | N/A                                  |                                  |
| B. If amending the registered agent and/or agent and/or the new registered office address  Name of New Registered Agent: |                      | address on our records, <u>enter</u> | r the name of the new registered |
|                                                                                                                          | N/A                  |                                      |                                  |
| New Registered Office Address:                                                                                           |                      | Enter Florida street addre           | PNS                              |
|                                                                                                                          |                      | <b>*</b>                             | 1. Ad.                           |
|                                                                                                                          |                      | , F<br>,                             | lorida                           |
| Non-Businessed America Circumstance (Cubaccina                                                                           | Dorden and A. A.     | •                                    | ·                                |

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

| <u>Title</u> | <u>Name</u>                | Address              | Type of Action |
|--------------|----------------------------|----------------------|----------------|
| MGR          | Steven A. Sanchez Figueroa | 5617 Blowing Wind PL | (≣Add          |
|              |                            | St Cloud, FL 34771   | □Remove        |
|              |                            |                      | □ Change       |
|              |                            |                      | □Add           |
|              |                            |                      | □Remove        |
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|              |                            |                      | □Remove        |
|              |                            | - <del></del>        | Change         |
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|              |                            |                      | Remove         |
|              |                            |                      | □Change        |

| N/A                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                        |                         |                                    |
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|                                                                    | William of the state of the sta | •                           |                        |                         | <u> </u>                           |
| en at the state of                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 07/01/2020                  |                        | 6 a a 4 a a a           | - 15                               |
| ffective date, if other that an effective date is listed, the date | a the date of fillh<br>te must be specific an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ig;<br>d cannot be prior to | date of filing or more | than 90 days after fili | 11)<br>ng.) Pursuant to 605.0207 ( |
| <u>lote:</u> If the date inserted in t                             | his block does not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | meet the applicab           | le statutory filing re | equirements, this da    | ate will not be listed as t        |
| ocument's effective date on                                        | the Department of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | State's records.            |                        |                         |                                    |
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| record specifies a delayed ef<br>I is filed.                       | fective date, but no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | t an effective time         | e, at 12:01 a.m. on    | the earlier of: (b)     | The 90th day after the             |
| i is med.                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                        |                         |                                    |
| July 1                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2020                        |                        |                         |                                    |
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|                                                                    | Signature of a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | member of altihori          | zed representative of  | a-member —              |                                    |
| Juan J. Rios Mont                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | member of authori           | zed representative of  | a-member —              |                                    |

Filing Fee: \$25.00