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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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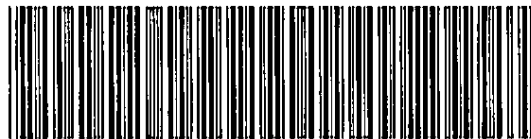
(Business Entity Name)

(Document Number)

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AUG 21 2020

S. YOUNG

2020 JUL 10 PM 5:10

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

JI27 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:

JUVENS IOUTHE (PRESIDENT)

Name of Person

JI27 TRANSPORT, LLC

Firm/Company

349 Colony Ct.

Address

KISSIMMEE FL 34758

City/State and Zip Code

JUVENS IOUTHE @YAHOO.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

JUVENS IOUTHE

Name of Person

at (407) 233-7028

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

IT27 TRANSPORT, 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 Liability Company were filed on 07/09/2020 and assigned,
Florida document number _____

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:

(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:

JUVENS LOUIHE

New Registered Office Address:

349 Colony Ct.

Enter Florida street address

KISSIMMEE

City

Florida

34758

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JUVENS JOUTHE	349 Colony Ct. KISSIMMEE FL, 34758	<input checked="" type="checkbox"/> Add
		LOUISANE JOUTHE	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUVENS JOUTHE	349 Colony Ct. KISSIMMEE FL, 34758	<input checked="" type="checkbox"/> Add
		LOUISANE JOUTHE	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 07/09/2020 ~~2020~~ 2020

JUVENS JOUTHE

Typed or printed name of signee