

10/30/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H200003782883ABC5

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

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Account Number : I20050000069
Phone : (407)352-8514
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: TONYEACAA@GMAIL.COM

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KJMA TRANSPORTATION LLC

Certificate of Status	0
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RECEIVED

2020 NOV -2 AM 11:58

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Corporate Filing Menu

Help



November 2, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KJMA TRANSPORTATION LLC
2418 STRAKER CT
ORLANDO, FL 32811US

SUBJECT: KJMA TRANSPORTATION LLC
REF: L20000176085

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please remove the verbiage regarding the Member's resignation. If you are needing to file the resignation, you will need to submit it with a different Fax Audit sheet.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

FAX Aud. #: H20000378288
Letter Number: 120A00021826

H200003762883

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KJMA TRANSPORTATION 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 06/24/2020 and assigned
Florida document number L20000176085.

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)

JEAN RALPH NOZIERE

1985 RAMBLING DR SW UNIT 322

ATLANTA, GA 30315

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

JEAN RALPH NOZIERE

1985 RAMBLING DR SW UNIT 322

ATLANTA, GA 30315

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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>
AMBR	JEAN RALPH NOZIERE	1985 RAMBLING DR SW UNIT 322	<input checked="" type="checkbox"/> Add
		ATLANTA, GA 30315	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROENA LEWIS	2418 STRAKER CT	<input type="checkbox"/> Add
		ORLANDO, FL 32811	<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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

TH
M

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E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (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)

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.

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.

Dated 10.29.2020 _____

roena lewis

Signature of a member or authorized representative of a member

ROENA LEWIS

Typed or printed name of signee

Filing Fee: \$25.00