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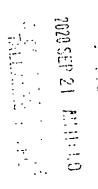
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PICK-UP WAIT MAIL
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COVER LETTER

то:	Registration Sec Division of Corp							
	J&J AUTO	SPECIALIST TRANSPORTA	ATION LLC -					
SUBJE	CT:	 	ited Liability Company					
		Name of Lim	ited Liability Company					
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspor	ndence concerning this matter	to the following:					
		ZAQUEU PORCIDES						
			Name of Person					
		J&J AUTO SPECIALIST	TRANSPORTATION LLC					
		 	Firm/Company					
		18589 BRIGGS CIR						
			Address					
		PORT CHARLOTTE, FI	.33948					
		zporcides@live.com	City/State and Zip Code			77 7183	2020	
		E-mail address: (to be used for future annual repo	rt notification)			2020 SEP 21	
For fur	ther information co	oncerning this matter, please c	all:			1	2	
ZAQI	EU PORCIDES		941 875 01	7.3.3			N. C.	
	Name of	Person	at () Area Code D	Daytime Telepho	ne Number		WH 11: 00	
Enclose	ed is a check for th	e following amount:						
≡ \$2.	(additional copy is enclosed) Certified			\$60.00 Filin Certificate of Certified Contadditional cop	of Status &			
	Mailing Address Registration S Division of Co	ection	Street Addre Registratio		ne			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&J AUTO SPECIALIST TRANSPORTATION LLC

(Name of the Limited Li (A.F.	lorida Limited Liability Company)			
The Articles of Organization for this Limited Liabili Florida document number 1.20000229033		and	assign	ed
This amendment is submitted to amend the following	ıξ:			
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 a	abbreviation	"L.L.C	
Enter new principal offices address, if applicable	:			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered		me of the	new re	egisterec
agent and/or the new registered office address he		2.78	2	
Name of New Registered Agent:		3	020 SEF 2	* * # # # # # # # # # # # # # # # # # #
New Registered Office Address:	Enter Florida street address	•		- 3"!
	. Florida			3
_	City	Zip Co	de	
New Registered Agent's Signature, if changing Regis	stered Agent:		ديب	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char	nd complete performance of my duties, and I am 2d agent as provided for in Chapter 605, F.S. Or stered office address, I hereby confirm that the I	familiar r. if this d	with a ocume	ind

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	WEMERSON AGUIAR PEREIRA	9955 W HIGHWAY 100, BUNNELL, FL 32110	= Add
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			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
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			Change 1
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	of filing:ecific and cannot be prior best not meet the applica	to date of liling or more	(option z than 90 days after fili	il) ng.) Pursuant	e 605.
e record specifies a delayed effective date, rd is filed.	but not an effective ti	me, at 12:01 a.m. on t	he earlier of: (b)	The 90th day	· after t
SEPTEMBER 15TH Dated	2020				
	·	<u> </u>			
V 1/1	ure of a member or autho				

Filing Fee: \$25.00