L20000230783

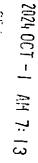
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COVER LETTER

TO: Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	J. FLORES	TRANSPORTATION L	LC	
		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Mease return all correspondence	ondence concerning this matter	to the following:		
	Yoa	ana De La Caridad Acc	osta	
		Name of Persor.		
		Firm/Company		
	1	1913 syracuse circle	·	
		Address		
		O e lando ,FI 32826		
	c	City/State and Zip Code	000	
	E-mail address: (amysabrina79@gmail. to be used for future annual repo	ort notification	
For further information c	oncerning this matter, please c	all:		
	a Caridad Acosta	at (321) 65	558308	
Name o	f Person	Area Code I	Daytime Telephone Numne:	
Enclosed is a check for the	ne following amount:			
№ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed,	
Mailing Addres Registration S		Street Addre Registratio		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahässee, FL 3230.

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J. FLORES TRANSPORTATION LLC (A Florida Limited Liability Company as it now appears on our records.) August 3,2020 and assigned The Articles of Organization for this Limited Liability Company were filed on ____ L20000230783 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 "LLC." 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: تي roana De La Caridad Acosta Name of New Registered Agent: 1913 syracuse circle New Registered Office Address:

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.

The

Orlando

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
MGR	Yoana De La Caridad Acosta	1913 syracuse circle, orlando FI, 32826	S ⊠Add
			□Remove
			= Change
Owner	Jose R Flores	284 lake smart circle, winter haven FI, 3388	<mark>Í_</mark> □Add
			⊠ Remove
			_ 🗆 Cnange
Owner Yeser	Yesenia martin flores	284 lake smart circle, winter haven FI, 3388	1_ □Add
			🗷 Remove
			_ Change
			🗆 Add
			Remove
			_ Cnang:
			_ □Add
			□Remove
			_ □Adđ
			_
		·····	□Change

. Hameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If	e date, if other than the date of filing:
the record s cord is filed	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
Dated _	September 24,2024
	Signature of a member or authorized representative of a member
	Yoana De La Caridad Acosta
	Typed or printed name of signee