L20000314181

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone #	f)
	☐ WAIT	MAIL
(Bus	iness Entity Name	·)
(Doc	ument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to F	iling Officer:	

Office Use Only



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Hmend

DEC 2 1 2020 I ALBRITTON

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Jays Arr Name of Lim	rican tronsfort	LLC.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
	1280	nw 124 ST	
	m	City/State and Zip Code	7
	E-mail address: (City/State and Zip Code City/State and Zip Code City/State and Zip Code	Mah of Com
For further information of	concerning this matter, please co	all:	
John Name o	Son Beenwin	$\underbrace{\frac{3\sigma}{\text{Area Code}}, \frac{39}{639}}_{\text{Area Code}}$	- 0 3 1 9 ne Telephoné Number
Enclosed is a check for t	he 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 cupy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 6, 2020

BERNARDIN JOHNSON 1280 NW 124TH STREET MIAMI, FL 33167

SUBJECT: JAYS AMERICAN TRANSPORT LLC

Ref. Number: L20000316187

We have received your document for JAYS AMERICAN TRANSPORT LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Letter Number: 020A00024394

Irene Albritton Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20,0

Jay C. Amaria	a transport LLC	6.
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number 10 CCCS LC	wwere filed on 10 4 5	20 and assign
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ility Company," the designation "LLC"	or the abbreviation "llC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter t	he name of the new re
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:	Enter Florida street address	
	. Flo	rida
 -	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Acti
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D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(lf an eff <u>Note:</u>	ve date, if other than the date of filing:
If the record record is fil	d 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 ed.
Dated	Distriction of the second
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00