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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: J D TOXI UC
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:
Jonge David Octiz
JD TOXI LLC
Firm/Company
5500 Lehigh ave. 28t. 18
Driando Franida 32807
City/State and Zip Code Jor+12012345@GMJ1(COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joace David Datiz at (407, 486-2874)
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$30.00 Filing Fee & □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

J D Taxi 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 $11-12-2021$ florida document number 12000357889 .	and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
123 TRINSPORTATION LLC 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 nagent and/or the new registered office address here:	me of the new register
	500 500 500 500 500 500 500 500 500 500
Name of New Registered Agent:	()
New Registered Office Address:	20
Enter Florida street address	E (**)
, Florida,	Zip Coate
iew Registered Agent's Signature, if changing Registered Agent:	, ,
hereby accept the appointment as registered agent and agree to act in this capacity. I further a	gree to comply with i
provisions of all statutes relative to the proper and complete performance of my duties, and I am	

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>	Name	Address	Type of Action
MGR	Jorge David Ordiz	Address 5500 Lehigh ave. Ast. 18 Onlando Florida 32807	IDAdd
			□Remove
			Change
			□Add
			Remove
			□ Change
			DAdd
			Remove
			□Change
			□Add
			Remove
			□Change
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			□Remove
			🗆 Change
			□Add
			□Remove
			Change

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