## LZ10000036064

(Requestor's Name)
(Address)
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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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SECRETARY OF STATE

5/12/

## **COVER LETTER**

TO:

TO: Registration Se Division of Cor				
	GHT TRANSPORT LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this manter	to the following:		
	Corey Bray			20
		Name of Person		714 1915 1916
	LegalNature LLC			2021 HAR -9 PH 4: 55 SECRIFICATION OF STATE
		Firm/Company		
	8 The Green, Suite 4336			PH 4 OF S
		Address		三三 5
	Dover, DE 19901			' mi O'
		City/State and Zip Code		•
	d6b75dd6d782-formation@			
	•	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please co	all:		
Corey Bray		888 881-1139 at ( )		
Name o	f Person		ne Telephone Number	<del>.</del>
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)	Certified	te of Status &
<u>Mailing Addres</u> Registration S		<u>Street Address;</u> Registration Se	etion	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 632		The Centre of		110
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 8	510

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&N FREIGHT TRANSPORT LLC  (Name of the Limited (A)	d Liability Compa A Florida Limited	ny as it now appears on our reco	rds.)
The Articles of Organization for this Limited Lia Florida document number 1.21000036064	bility Company	were filed on 01/19/2021	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company bere:	
J&N Deluxe Logistics LLC			
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	eovi	N/A	SETE STATE
B. If amending the registered agent and/or re agent and/or the new registered office address		address on our records, ent	er the name of the new registered
	<del>-</del>	·	
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street ade	iress
			Florida
		City	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent	<u>:</u>	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this of	r and complete tered agent as egistered offic	e performance of my duties, provided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is

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
	N/A		□Add
			□Remove
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			DRemove Dremov
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fective date, if other than the da	ate of filing:		(optional)	,	
in effective date is listed, the date must be ote: If the date inserted in this block	k does not meet the applic	able statutory filing req	nan 90 days after filing puirements, this date	.) Pursuar : will not	nt to 605.0 I <mark>be liste</mark> d
ocument's effective date on the Department	artment of State's records.				
ecord specifies a delayed effective d	late but not an effective ti	me. at 12:01 a.m. on th	e earlier of: (b) Ti	he 90th o	lav after (
is filed.	,	<b>,</b>			,
Fehruary 23	2021				
February 23	7				
	$\mathcal{Q}_{\mathcal{A}}$				
	gnature of a member of such				

Filing Fee: \$25.00