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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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COVER LETTER

Division of Corporations	
SUBJECT: H. A. W JR Transportation LLC. 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:	
HIAWATHA A. Williams JR Name of Person	
H.A.W Ja Transportation	
2945 Gurrevere Daive	
THUSUILE FIA 32780 City/State and Zip Code budd 112005 @ yahoo . com E-mail address: (to be used for future annual report notification)	
budd 112005@yahoo.com	
For further information concerning this matter, please call:	
HAWATTA A-WILLAMS JR at (678, 521 967) Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	
Mailing Address: Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Section

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

(Name of the Limited Li	14 A W Ja Transportation LLC ability Company as it now appears on our records.) orida Limited Liability Company)
	ty Company were filed on <u>1/22/2021</u> and assigned
A. If amending name, <u>enter the new name of the</u>	
The new name must be distinguishable and contain the words. Enter new principal offices address, if applicables (Principal office address MUST BE A STREET AL	and the second of the second o
Enter new mailing address, if applicable: (Mailing a <u>ddress MAY BE A POST OFFICE BO</u> X	2
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our records, <u>enter the name of the new registered</u> re:
Name of New Registered Agent:	
New Registered Office Address:	Emer Florida street address
_	, Florida

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.

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

Title	<u>Name</u>	Address	Type of Action
MR	HIAWATHA AWIIIAMS JA	2 2945 Gowevere Drive Titusul	<u>le</u> tradi
	owner /ceo	FA 32780	□Remove
			□Change
		TALLAMASSE	Add
		SER FLORIDA	Change :
			_ □Remove
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f an effective <u>Note:</u> If the	date is listed, the date inserted i	han the date of date must be speci in this block does on the Departmer	fic and cannot be not meet the a	ipplicable stati			iling.) Pursuant	
d is filed.		effective date, b					The 90th da	ay after the
Dated	March	12th tha A.l Signature	<u>70</u>	21.				
_	brawa:	tha A.I. Signature	Willon	m gr	rocontation of a n	nember		

Filing Fee: \$25.00