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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations	,
SUBJECT: J. A & M AUTO TRANSART 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:	
MICHAEL CARRIGAN Name of Person	
MICHAEL CARRIGAN Name of Person JUAGM AUTO TRANSPORT LLC Firm/Company	
3901 E Hillcrest Circle	
TAMPA, FL 33604 City/State and Zip Code	
MCarrigan 316, yahro, com E-mail address: (to be used for riture annual report notification)	
For further information concerning this matter, please call:	
MICHAEL CARRIGAN at (561) 818-8343 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &
Mailing Address: Street Address: Designation Sention Designation Sention	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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 Liability Compa	TRANSPORT LLC nv as it now appears on our records.)
(A Florida Limited I.	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $2 - 15 - 21$ and assigned
Florida document number <u>L21000076644</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
JA & MJ TRANSPORT LL The new name must be distinguishable and contain the words "Limited Liabil	ity Company "the designation "LLC" are the abbreviation "LLC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3901 E Hillcrest Circle TAMPA, FL 33604
Trincipal office address MOST BLASTREET ADDRESS;	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3901 & Hillcrest Circle TAMPA, FL 33604
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	9 PM 4:
New Registered Office Address:	Enter Florida street address
	Florida
•	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 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 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>	<u>Name</u>	Address	Type of Action
			□Add
		 	□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
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			□Add
		□Remove	
			□ Change

an effecti lote: 1f :	edate, if other than the date of filing:	.0207 (ed as t
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
ated	12-13-22 Michael Calligation Typed or printed name of signer.	
	Michael Cent	
	Signature of a member of authorized representative of a member	
	Micilary Canasas	

Filing Fee: \$25.00