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7/21/2) 531-21-2 FE H 33

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Triple T TRANSPORTATION 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:
Arthur Garthell Name of Person
Name of Person
Triple J Transportation LLC
Firm/Company
12335 Deersong Or Address
Address
Jackson VIIIE, TL 32218 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Arthur Gartrell at (904) 655 - 2344 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Inclosed is a check for the following amount:
✓ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60,00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

riple o transportation	LVC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company was lorida document number 21000 173 92	vere filed on 03/11/20-21	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the a	bbreviation "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 adgent and/or the new registered office address here:	dress on our records, <u>enter the nan</u>	ne of the new regist
Name of New Registered Agent:		1
New Registered Office Address:		
	Enter Florida street address	12 - 27
	, Florida	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
MAR	DARRION J Moore	12335 Deersong Dr	□Add
		JACKSONVIllE, FL 32-218	- ERemove
			□Change
			□Add
			□Remove
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ffective date, if other than an effective date is listed, the date ote: If the date inserted in the ocument's effective date on the	e must be specific and his block does not m	cannot be prior to date of seet the applicable state	filing or more than 90 c	_ (optional) lays after filing.) Pursua ents, this date will no	unt to 605.020 of be fisted a
ecord specifics a delayed aff	ective date, but not a	an effective time, at 1	2:01 a.m. on the earlie	er of: (b) The 90th	day after the
is filed.					
is filed.		2021	^		
is filed.	1.4.	2021 Dartelf nember or authorized rep	A resonative of a member		