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PICK-UP	☐ WAIT	MAIL				
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Certified Copies Certificates of Status						
Special Instructions to f	Filing Officer:					
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

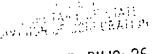
TO: Registration Section Division of Corporations	
SUBJECT: SUBJECT: Name of Limited	C I Liability Company
The enclosed Articles of Amendment and fee(s) are submit Please return all correspondence concerning this matter to	•
VEAW-MARC	
	Firm/Company
4164 INVERRA	• •
	City/State and Zip Code CaMAIL. (a M ce used for future annual report notification)
For further information concerning this matter, please call:	
VEAN-HARC AGUAUT Name of Person	at (321) 895-6780 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum{9}\$\$ \$25.00 Filing Fee \$\sum{9}\$ Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 APR 15 PH 12: 26

J&W TRAUSIT LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on la Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability (Company were filed on Mara	- <u> </u>
Florida document number <u>L 210001 3509</u>	 ·	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the design	nation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. 16	. 1 . 66 11	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida :	street address
		, Florida
	Сиу	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

MGR = Ma $AMBR = Au$	anager athorized Member		HARDER CONTROL TO THE	10 100 He		
<u>Title</u>	<u>Name</u>	<u>Address</u>	21 APR 15 PM 12: 26	Type of Action		
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