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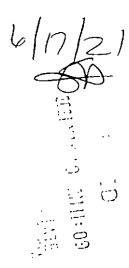
(F	Requestor's Name)	
(A	address)	
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

S & J CAR SUBJECT:	GO TRANSPORT LLC			
SUBJECT.	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	SASHA AGOSTO			
		Name of Person		
	S & J CARGO TRANSPORT LLC			
		Firm/Company		
	626 SUNSET VIEW			
		Address		
	DAVENPORT FL 33867			
	-	City/State and Zip Code		
	SASHA.AGOSTO1102@C			
	E-mail address: (to be used for future annual report not	ification)	
For further information of	oncerning this matter, please c	all:		
SASHA AGOSTO		352 242 7062		
Name o	f Person	Area Code Daytin	ne Telephone Number	
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:		
Registration S Division of C		Registration Se Division of Co		
P.O. Box 632	-	The Centre of 1	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S & J CARGO TRANSPORT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000135787}{L21000135787}$.	y were filed on 03/23/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	O" 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:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office 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:		
New Registered Office Address:	Enter Florida street addre.	S.S
	, FI	orida
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and agreeovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I fu e performance of my duties, a provided for in Chapter 605,	nd I am familiar with and 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>	<u>Name</u>	Address	Type of Action
	JOSE AGOSTO	626 SUNSET VIEW DRDAVENPORT. FL 33837	□Add
			=Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			Remove
			□Change
			□Add
			□Remove
			Change
			_ Dixad
			□Remove ()
			_ □Remove 1 □ □Change □ □Add
			□Remove
			□ Change

Just	Remarin	J Jose	Agosta)
		1-5,14	<u>.</u>	.
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				75.
	-			
				
n effective date is listed, the	han the date of filing: e date must be specific and can in this block does not meet			ling.) Pursuant to 605.0207
cument's effective date	on the Department of State	's records.		253
ecord specifies a delayed s filed.	l effective date, but not an e	effective time, at 12:01 a	a.m. on the earlier of: (b)	The 90th day after the
ed May 1st/	20	021		9 J

Typed or printed name of signee