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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Jean Empire Trucking LLC Name of United Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Steven Jean Name of Person	
Jean Empire Trucking, LLC	
6492 NE 2nd AVE	
MIAMI/FL/33138 City/State and Zip Code	
E-mail address (to be used for future annual report position)	
For further information concerning this matter, please call:	
Steven Jean at (305) 879 - 6591 Name of Person Area Code Daytime Telephone Number 57	
Enclosed is a check for the following amount:	, 720
S25.00 Filing Fee B S30.00 Filing Fee B Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee B Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status B Certified Copy (additional copy is enclosed)	Green En 19 and Cartain

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Street Address: 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

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Name of the Limited	Liability Compan Florida Limited Li	y as it now appears on ou ability Company)	r records.)		·
The Articles of Organization for this Limited Liab Florida document number <u>L210002044</u>	oility Company v 431	were filed on <u>05/0</u>	3/2021	and assigned	2
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he limited liabil	ity company here:			
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	ole:	y Company," the designat	ion "LLC" or the a	abbreviation "L.L.C."	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>				
B. If amending the registered agent and/or reg agent and/or the new registered office address		ddress on our record	s, <u>enter the na</u>	me of the new registere	<u>:d</u>
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida stre	vet 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MUK/ OWNER	<u>Steven Jean</u>	6492 NE 2nd AVE	□Add
		6492 NE 2nd AVE Miani, FL 33138	□Remove
			X Change
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ecord specifies a delayed of is filed.	effective date, but not an eff	Fective time, at 12:01 a.	m, on the earlier of: (b) The	90th day after the
ated Jan . 3rd		021		
	Signature of a nembe	r or authorized representa	ive of a member	
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