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COVER LETTER

TO: Registration So Division of Cor			. 4	• `			
LJS Transp	ort LLC						
SUBJECT:	Name of Lim	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:					
	Adrian Jagnandan					~ 1	
		Name of Person			SECRET	2021 JUN 28 PM 3: I	¢-1
		Firm/Company			記る	28	
	1341 Laurel Hill Drive				OF ST	PH 3	(
	Clermont, FL 34711	Address			FAE	=	
For further information c	SalomeTruckingLLC@gma E-mail address: (to be used for future annual	report notification)			
Adrian Jagnandan			0-4210				
Name o	f Person	Area Code	Daytime Telep	hone Number			
Enclosed is a check for the	he following amount:						
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		Certified	te of Statu		
Mailing Addres Registration 5 Division of C	Section	-	ddress: ation Section n of Corporati	one			
P.O. Box 632			ntre of Tallaha				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L21000230902		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	in 2
Salome Trucking LLC		TE B
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		元 28 「 一
(Principal office address MUST BE A STREET ADDRESS)		PH PH
	<u> </u>	TS CO
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office angent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:		
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 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
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	<u>.</u>			
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing r document's effective date on the Department of State's records.	(option to than 90 days after fi requirements, this o	nal) üling.) Pursu date will n	uant to 605.1 tot be listed	0207 (d as t
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on rd is filed.	the earlier of: (b)	The 90th	day after i	the
Dated June 21st 2021				
Signature of a member or authorized representative of	2 manhu			
Adrian Jagnandan	a member			