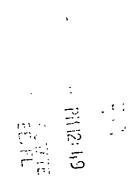
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(Requestor's Name)
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(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: AA	A Jack Tran	Sport LLC		
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Asima 1	MulaliC Name of Person		
	AAA Jags	Transport LUC Firm/Company		
	2610 State	Road ALA Address		
	Jacksonville,	FL 37733 Apt 7 City/State and Zip Code	213	
	asima 4730 a	Spe used for future annual report notif	ication)	
For further information o	oncerning this matter, please ca	भी:		
ASIM Mu Name o	(Person	at (GCH) <u>U3U</u> — Daytime	7485 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 Addres		Street Address:		
Registration S Division of C		Registration Sec		
P.O. Box 632	•		Division of Corporations The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Way 26, 2021 and assigned Florida document number L21000246116 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 "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida New Registered Agent's Signature, if changing Registered Agent:

the state of the s

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
<u>AMBR</u>	Kasim Mulalic	2610SP-A1A , Jacksonville	
		FL, 32233 Apt 213	□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
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in effect <u>ote:</u> If	edate, if other than the date of filing:
ecord s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	July 14th 2021 Signature of a member or authorized representative of a member
	ASima Mulalic Typed or printed name of signee