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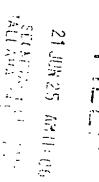
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	Name of Limi	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:	
	Juan Alonso		
		Name of Person	
	J&C Elite Freight Services	LLC	
		Firm/Company	
	5889 NW 74th St		
		Address	
	Parkland, FL, 33067		
		City/State and Zip Code	
	jncfreightservices0216@gm	nail.com	A
	E-mail address: (	to be used for future annual report notification)	21
For further information c	oncerning this matter, please ca	all:	21 JUN 25
Juan Alonso		954 684-0806 at ( )	
Name o	f Person	Area Code Daytime Telephone Number	A Secretary
Enclosed is a check for the	he following amount:		J
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
Mailing Addres		Street Address:	
Registration S Division of C		Registration Section Division of Corporations	
Division of C	orporations	Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&C Elite Freight Services LLC

(Name of the Limited Liability (A Florida I	Company as it now appears on our reco Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Co	Limited Liability Company were filed on 06-01-2021 and assigned 423	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		C. Maryan
(Principal office address MUST BE A STREET ADDRE	<u></u>	100-
<del></del>		· · · · ·
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<i>.</i>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	office address on our records, <u>ente</u>	er the name of the new registered
New Registered Office Address:	Enter Florida street add.	ress
		m
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and confidence accept the obligations of my position as registered againg filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, gent as provided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is
	If Changing Registered Agent, Signatur	e 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>	<u>Address</u>	Type of Action
MGR	Oscar Buonpensiere	13492 NW 6th Dr. Plantaion, FL, 33325	■Add
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			☐ Change
<del></del>			□ Add
			Remove
			□ Change
	-		□Add
			Remove 7
			Change 77
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			□Remove
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ffective date, if other than the an effective date is listed, the date mu ote: If the date inserted in this becoment's effective date on the D	e date of filing:  st be specific and cannot be prior to dat lock does not meet the applicable s department of State's records.	e of filing or more than 90 days a	ptional) fter filing.) Pursuant to 605 this date will not be liste	.020 ed a
record specifies a delayed effective is filed.	ve date, but not an effective time, a	t 12:01 a.m. on the earlier of	: (b) The 90th day after	r the
June 8th	, 2021			

Filing Fee: \$25.00