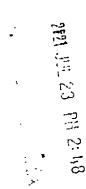
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Office Use Only



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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:JL	MR Transpo	ort Services ted Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	idence concerning this matter t	o the following:	
	Jorge JUMR Tran	Name of Person  Name of Person  Name of Person  Sport Service  Firm/Company	suc
		shington Stree	
	Pembroke F JLMR-Trans E-mail address: (10	City/State and Zip Code  SPORT SEN/CES (E) o be used for future annual report notifice	25 gmail.com
For further information co	ncerning this matter, please ca	II:	
Jorge Luis	Rosario Person	at (754) 865 - 4 Area Code Daytime T	6655 elephone Number
Enclosed is a check for the	c following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

		Services LLC	
(Name of the Limited	<u>l Liability Comp</u> A Florida Limited	oany as it now appears on our records Liability Company)	_)
The Articles of Organization for this Limited Lia Florida document number <u>L 21003164</u>	bility Compan	y were filed on $07/12/2$	2021 and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited lia	bility company here:	
The new name must be distinguishable and contain the wor	- •	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	N14	. 29
(Principal office address MUST BE A STREET	ADDRESS)		(8)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0x)</u>	w14	23 PH 2: 48
B. If amending the registered agent and/or reg agent and/or the new registered office address	here:		he name of the new registered
Name of New Registered Agent:		130 0011	, 0
New Registered Office Address:	11900	Uashington Str Enter Florida street address	eet
		Ke Pines Flor	

## 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>	Name	Address	Type of Action
Mar	Jurge Luis Rosario Jr	11900 washington street	□Add
		Pembrone Pines, FL 33025	XRemove
			□Change
<u>Amb</u> r	Jorge Luis Rosario	11900 Washington Street	<b>X</b> Add
		Pembruke Pines, FL 33025	□Remove
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cument'	s effective	date on th	ie Departii	nent of S	tate's rec	cords.	- •	,,.5	- quite in		date Hill	not be fisted a
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Filing Fee: \$25.00