421000341066

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Pfloffe #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

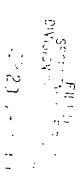
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S. CHATHAM DEC 21 2022

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COVER LETTER

TO: Registration Se Division of Cor						
	ANSPORT, LLC					
SUBJECT:	Name of Lim	ited Liability Company	·			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	JOSE A BATISTA					
		Name of Person				
	JABA TRANSPORT, LLO	.				
		Firm/Company				
	8132 AMON DR.					
		Address				
	ORLANDO, FLORIDA 33	2822.				
		City/State and Zip Code				
	jabatransportllc69@gmail.c	om to be used for future annual report noti	Cantion			
For further information c	oncerning this matter, please co		ncarron			
JOSE A BATISTA		407 860-1658 at ()				
Name of Person			e Telephone 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 & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres Registration 9		<u>Street Address:</u> Registration Se	ction			
Division of C	Corporations	Division of Cor	porations			
P.O. Box 632 Tallahassee, l			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JABA TRANSPORT, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
the Articles of Organization for this Limited Liability Company	y were filed on 07/28/2021	and assigned
lorida document number L21000341066		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lial	bility company here:	
		(,
he new name must be distinguishable and contain the words "Limited Liab	offity Company," the designation "LLC" or the	abbreviation "L.L.C."
to the manner made of a stanger manner and contain the manner and a stanger		
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		D
and the second second		:
nter new mailing address, if applicable:		
<u> Iailing address MAY BE A POST OFFICE BOX)</u>		
. If amending the registered agent and/or registered office	address on our records, enter the n	ame of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
Non-Bollmand Occor Address		
New Registered Office Address:	Enter Florida street address	
	Florida	Zip Code
	CIII	EU CIRC

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	RICARDO J SALAS	7549 PINE FORK DR, ORLANDO, FL 32822.	□Add
			= Remove
			□Change
		<u></u>	
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n effective d (te: 1f the (ite, if other than late is listed, the date date inserted in th effective date on th	must be specific a is block does no	and cannot be pric of meet the appli	cable statutory fi	r more than 90 day	(optional) is after filing.) Pur is, this date will	suant to 605 not be liste	i.020° ed as
ecord speci is filed.	ifies a delayed effe	ective date, but r	not an effective	time, at 12:01 a.i	m. on the earlier	of: (b) The 90	th day after	r the
	ptember	2611	202	<u>Z</u> .				
ted <u>50</u>								
ted <u>56</u>		•	11/16	2 fell				
ned <u>5</u> e		Sygnature of A. B.	f a member or aut	horized representat	tive of a member			

Filing Fee: \$25.00