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Office Use Only

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COVER LETTER

Division of Corpo.	rations	,	
SUBJECT: JCF	Name of Limit	and Liability Company	In, LC
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Camil		
	_ JC Flor	ida Tavo	ortation lic
	533 S.	Address	
	Kissemr	NLC FC =	34758
-		o be used for future annual repor	
For further information conc	erning this matter, please ca	ıll:	
Camin Name of Pe	erson Color C	at () F () Da	201-735(/ aytime Telephone Number
Enclosed is a check for the f	ollowing amount:		
S25.00 Filing Fee	S30.00 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)

TO:

Registration Section

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

(A Florida Limited Liability Com	npany)
The Articles of Organization for this Limited Liability Company were filed Florida document number $\underline{-0.00433552}$	on $10-04-3021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LLC" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	our records, enter the name of the new registered
Name of New Registered Agent:	2021 DC
New Registered Office Address:	· ¬(
En	ter Florida street address
	, Florida
City Now Posistant Agent's Signature if sharping Designant Agent	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 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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			□Reinove
			Change
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fective da If the d	te is listed, the date ate inserted in th	e must be specific a iis block does no	and cannot be prio	r to date of filing c cable statutory f	or more than 90 day	s after filing.) Pursus s, this date will no	ant to 605.0
nent's ef	fective date on t	he Department o	f State's records	š.			
rd specif led.	ies a delayed eff	ective date, but n	iot an effective t	ime, at 12:01 a.	m. on the earlier	of: (b) The 90th	day after
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