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2022 APR 20 AM IO: 57

SECRETARY OF STAN

## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		•
	NSPORTATION, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	JAVIER VALLADARES		
		Name of Person	
	JR JR TRANSPORTATIO	ON, LLC	
		Firm/Company	
	338 SW 6 AVE		
	<del></del>	Address	
	FLORIDA CITY, FL 3303	34	
		City/State and Zip Code	<del></del>
	NREBOLTA@HOTMAIL.		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
JAVIER VALLADARE	s	786 234-4307 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fcc	■ \$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 S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	7	The Centre of T	Γallahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

JR JR TRANSPORTATION, LLC

(Name of the Limited Li (A F	iability Company as it now appears on our reco lorida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liabil Florida document number L21000479777		and assigned
This amendment is submitted to amend the following	og:	•
A. If amending name, enter the new name of the	limited liability company here:	
JR JR EXPRESS TRANSPORTATION, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	: 	
(Principal office address MUST BE A STREET A.	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registagent and/or the new registered office address he		er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
_	,1	Florida
	City	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 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
·			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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Filing Fee: \$25.00