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(Re	equestor's Name)	
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of 3/1/2022

COVER LETTER

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Registration Section

Divis	ion of Cor	porations		
	IZO TRAN	SPORT LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	unitted for filing	
Please return a	ill correspo	ondence concerning this matter	to the following:	
		CARLOS A ORTIZ NIEV	'ES	
			Name of Person	
		JZO TRANSPORT LLC		
			Firm/Company	
		104 CUAUTLA WAY		
			Address	
		KISSIMMEE FL 34743		
			City/State and Zip Code	
		JZOTRANSPORTLLC@G		
		E-mail address; (to be used for future annual report	notification)
For further info	ormation c	oncerning this matter, please c	all:	
CARLOS A C	RTIZ NIE	EVES	407 435-733 at ()	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a c	heck for th	ne following amount:		
■ \$25.00 Fil	ing 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)
	ng Addres stration S		Street Address Registration	
		orporations	Registration Section Division of Corporations	
P.O.	Box 632	7		f Tallahassee
Talla	ihassee. 1	FL 32314	2415 N. Moi	iroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 FEB 28 AM 10: 0 I

JZO TRANSPORT LLC (Name of the Limited Liability Company as it now appears on our records.) SECRE IARY OF STATE
(A Florida Limited Liability Company) TALL ARROSE FI TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 02/15/2022 _____ and assigned Florida document number _____L22000075382 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 our records, enter the name of the new registered agent and/or the new registered office address here: CARLOS A ORTIZ NIEVES Name of New Registered Agent: 104 CUAUTLA WAY New Registered Office Address: Enter Florida street address KISSIMMEE

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
MGR	CARLOS A ORTIZ NIEVES	104 CUAUTLA WAY KISSIMMEE FL 34743	\ \exists Add
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ecord specifies a delayed effectiv is filed.	e date, but not an effect	ive time, at 12:01 a.m. o	on the earlier of: (b) 1	The 90th day after the
02/24	2022			
ited				
ated / sulls M	th	authorized representative		

Filing Fee: \$25.00