

## L22000083739

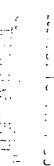
(Requestor's Name)	
(Address)	40043778
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	10/10/24010130
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	・ い。 か

Office Use Only



9644

ng ++25.00



## COVER LETTER

	Registration S Division of Co		·	
eub trz		TRANSPORT, LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The enck	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		KEILA FLORES		
			Name of Person	
		ROJAS TAX MULTIPLE	S SERVICES LLC	
		<del></del>	Firm/Company	
		943 SADDLEWOOD BL	VD	
			Address	
		LAKELAND, FL 33809		
		KROJASTAX@GMAIL.C		
			to be used for future annual report not	ilication)
For turth	er information o	concerning this matter, please c	all:	
KEILA FLORES		863 241-4000 at ( )		
	Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for t	the following amount:		
<b>\$25.</b>	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations		
	P.O. Box 63.	-	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOTTA TRANSPORT, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u> )
he Articles of Organization for this Limited Liability Company	were filed on	and assigned
lorida document number L22000083739		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company." the designation "LLC	" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:  903 FAIR MAIDEN LN		
Principal office address MUST BE A STREET ADDRESS)	BRANDON, FL 33511	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
nter new mailing address, if applicable:	903 FAIR MAIDEN LN	; (
Mailing address MAY BE A POST OFFICE BOX)	BRANDON, FL 33511	<u> </u>
		;. C
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regi
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	<u> </u>
	F) a	orida
	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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Remove
			☐ Change
		<del></del>	\_Add
			Remove
		<del></del>	□ Change
			□Add
			□Remove
			□ Change
		<del>.</del>	
			□Remove

\_\_\_\_\_\_ Change

	· · · · · · · · · · · · · · · · · · ·			_
		<u> </u>		
				<del></del>
				<del></del>
· · · · · · · · · · · · · · · · · · ·				<del></del>
<del></del> -		<u>.</u>		
				_
ffective date, if other than the date of effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Department.	specific and cannot be prior to does not meet the application	o date of filing or more than		
record specifies a delayed effective d Lis filed.	ate, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90th day a	ifter the
OCTOBER 01	2024	_ 47/		
		1/-/		
		rized representative of a me		

Typed or printed name of signee