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22 APR 15 PN 3: 08

T. MATTHEWS MAY 16 2022

COVER LETTER

то:	Registration Security Division of Cor		•	
01101		SPORT LLC	•	•
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		CLAUDY AUGUSTIN		
			Name of Person	
		GJS TRANSPORT LLC		
			Firm/Company	
		18621 NW 11TH PL		
			Address	
		MIAMI FLORIDA 33316	9	
			City/State and Zip Code	
		CLAUDYAUGUSTIN32@		
		L-mail address: (to be used for future annual report not	flication)
For fu	rther information co	oncerning this matter, please c	all:	
CLAU	UDY AUGUSTIN		786 4898843	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$3	25.00 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 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 SECRETARY OF STATE ARTICLES OF ORGANIZATION OF CORPORATIONS OF

22 APR 15 PM 3: 09

GJS TRANSPORT LLC	
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number L22000109957	Company were filed on 03/03/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lit	mited 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 ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	- <u></u>
	,
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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 of removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CLAUDY AUGUSTIN	18621 NW 11TH PL MIAMI FL 33169	= Add
			□Remove
			□Change
			□Add
			Remove
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
		 	🗆 Add
			□ Remove
			□ Remove
			□Change

Page 2 of 3

Effective date, if other than the date of filing: (tran effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The effective date on the Department of State is records. The 90th day after the record is filed. Dated (04/11 2022			
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Signature of a member or authorized representative of a member	A LANCE	Signature of a member or authorized representative of a member	
	CLAUDY AUGU:		
CLAUDY AUGUSTIN Typed or printed name of signee		ryped or printed name or signee	

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Filing Fee: \$25.00