h22000110845

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corpora	tions	•	
SUBJECT: Jordan	S Express Tr	ansportaion, LLC	<u>1</u>
The enclosed Articles of Ame	ndment and fee(s) are submitte	ed for filing.	
Please return all corresponden	ce concerning this matter to th	e following:	
•	. .		
	Shaw ronda	Jordan	
_		Name of Person	
_		Firm/Company	
	9099 ROCK	rpond Meadows 1	Dr.
-		Address	
	JACKSONVIlle	Florida 3222,	/
_	Ci	ty/State and Zip Code	
	E-mail address: (to be	used for future annual report notification	on)
For further information concer	•	·	
		anu 220 24	196
Name of Pers	JOC CAN	at (<u>904</u>) <u>338 248</u> Area Code Daytime Tele	ephone Number
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Enclosed is a check for the fol	lowing amount:		
□ \$25.00 Filing Fee		☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Secti	ion	Registration Section	1

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 19, 2022

SHAWRONDA JORDAN 9099 ROCKPOND MEADOWS DRIVE JACKSONVILLE, FL 32221

SUBJECT: JORDANS EXPRESS TRANSPORTAION LLC

Ref. Number: L22000110845

We have received your document for JORDANS EXPRESS TRANSPORTAION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 322A00016012

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

Jordan's Express Transportation (Secret Fray or State (A Florida Limited Liability Company as it now appears on our records) [ALL AHASSEE, FL]

The Articles of Organization for this Limited Liability Company were filed on 3/3/2022 and assigned Florida document number 22000/1/0845

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Jordan's Express Transportation LCC

The new name must be distinguishabil 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 address here:

Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

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>	<u>Address</u>	Type of Action
MGR	Shawronda Jordan	9099 Rockpord Meadows TAX Fla 32221	Dr Cxdd
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
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