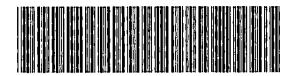
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OIVISION OF CORPORATIONS

27 MAY -2 PM 3: 28

T. MATTHEWS
JUN 23 2022

## **COVER LETTER**

Division of Corporations			
SUBJECT: TJ EXPRESS TRANSPORT US  Name of Limited Liability Company	A LLC		
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:			
SHAWA JOHNSC Name of Person	N		
JJ EXPRESS TRANSPOS Firm/Company	et usa luc		
80/ INTERNATIONAL PKWY 5			
City/State and Zip Code			
E-mail address: (to be used for future annu	al report notification)		
For further information concerning this matter, please call:			
Shana Johnson at (386) Name of Person Area Code	Daytime Telephone Number		
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fe & Certificate of Status \$\Bigcup \$40 Certified Copy (additional copy is of the control of the control of the copy is of the copy in the copy is of the copy in the copy in the copy in the copy is of the copy in	Certificate of Status &		
Registration Section Regis Division of Corporations Divis	Address: tration Section ion of Corporations		
P.O. Box 6327 The C	Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT

## TO SECRETARY OF STAFE ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS

OF -

22 MAY -2 PM 3: 28

Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)
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 "L.L.C."  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)
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)
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
(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
(Mailing address MAY BE A POST OFFICE BOX)
(Mailing address MAY BE A POST OFFICE BOX)
(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
Name of New Registered Agent:  New Registered Office Address:    New Registered Office Address:
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>	Name	Address	Type of Action
MGR	SHANA JOHNSON	801 INTERNATIONAL PRWYFF S	_ ID/Add
		LAKE MARY FL 32746	□Remove
			□Change
MOR	JAMAL WILLIAM	801 International Pray # 5	🗀 Add
		lake mary, Fl 32746	_ ERemove
			Change
M6R	Doreen Johnson	801 International Ruky #5	□ Add
		Lake Mary, Fi 32746	[ <del>ZRem</del> tive
			Change
			DAdd
			□Remove
			□Change
	<del></del>		□\dd
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			∏Chunge

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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. Effecti	ve date, if other than the date of filing:
Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the record cord is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	(4/20/22) Aprel 20. 2022
	S kin
	Signature of a member or authorized representative of a member
	Shanp JoHNSON Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00