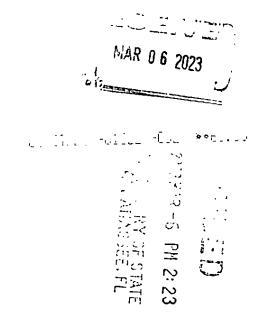
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(Requestor's Name)
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PICK-UP WAIT MAIL
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R. HUNT 03/06/23

COVER LETTER

Registration Section

TO:

Division of	Corporations					
	& SONS TRANSPORT LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.				
Please return all corre	espondence concerning this matter	to the following:				
	EDWARD YEBOAH					
		Name of Person		_		
JAHNY & SONS TRANSPORT LLC					- 9	
Firm/Company						
2260 UNIVERSITY BLVD NORTH APT.48					17778-5 PH 2:2	:
		Address			C.J	ę.
	JACKSONVILLE, FLOR	IDA 32211		ino ino	Э́Н 23	£.
		City/State and Zip Code		구절	23	
	swagdro72@gmail.com	1.6	Vanting V			
		to be used for future annual report notif	ication)			
For further informati	on concerning this matter, please c	all:				
EDWARD YEBOA	H	352 575-6263				
Na	me of Person	at () Area Code Daytime	e Telephone Numb	er		
Enclosed is a check t	for the following amount:					
□ \$25.00 Filing Fo		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee cate of Sta ed Copy nal copy is e	atus &	
Division P.O. Box	on Section of Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations `allahassee	810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAHNY & SONS TRANSPORT LLC			
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our re Liability Company)	cords.)	
he Articles of Organization for this Limited Liability Company	were filed on <u>04-04-2022</u>		and assigned
orida document number L22000159965			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	oility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		·-,	
			
		7 18 4 16 16 16 16 16 16 16 16 16 16 16 16 16	
nter new mailing address, if applicable:		6	1 2-1
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	in the	
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. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>e</u>	nter th <u>e nam</u>	e of the new regis
Name of New Registered Agent:			
New Registered Office Address:		1.1	·
	Enter Florida street a	ddress	
		_, 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 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
AMBR	ЈАСОВ УЕВОАН	3018 NE 19TH DRIVE	≣Add
		GAINESVILLE.FL 32609	□Remove
			Change
MGR	EDWARD YEBOAH	2260 UNIVERSITY BLVD N #48	≅Add
		JACKSONVILLE, FL. 32211	□Remove
			□Change
MGR	YEBOAH, EDWARD		DAdd
			Remove Remove Change Add
			□Remove
			Change
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fective date, if other than the date in effective date is listed, the date must be tote: If the date inserted in this block incument's effective date on the Department.	does not meet	ne applicable	ate of filing or statutory file	more than 90 da ng requiremen	(optional) ys after filing.) its, this date v	Pursuar vill not	nt to 605.020 be listed a
ecord specifies a delayed effective da is filed.	ate, but not an e	ffective time,	at 12:01 a.m	. on the earlie	r of: (b) The	: 90th c	lay after the
DECEMBER IST	20						
<i>_</i> ,		_		ve of a member			

Filing Fee: \$25.00