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## **COVER LETTER**

O: Registration Security Division of Corp			
UBJECT: Jr	b star Tro	insport 11c	
UBJECT:	Name of Lim	nited Liability Company	<del></del>
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Dian	Abred Name of Person	
		ermits & Mo.	:
	16350 SU	O 112 ave	· · · · · · · · · · · · · · · · · · ·
	Mian	(: Fl 33157	
	directb E-mail address: (	City/State and Zip Code  Ill(1901090)  to be used for future annual report noti	nail. Com
For further information co	oncerning this matter, please c	all:	
Diana		at (786) 325	- 4407 ne Telephone Number
Name of	reison	Area Code Daytin	te rereptione realities
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address</u> Registration S		<u>Street Address;</u> Registration Se	ction
Division of C	orporations	Division of Cor	rporations
P.O. Box 632 Tallahassee, F		The Centre of T 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JRb Star transf (Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.)  Liability Company)		
The Articles of Organization for this Limited Liability Company Plorida document number <u>L2 200018 7700</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		( )	
	na		
Enter new mailing address, if applicable:	nla	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered	
Name of New Registered Agent:	nla		
New Registered Office Address:	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code	
hereby accept the appointment as registered agent and agrowisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I furth performance of my duties, and provided for in Chapter 605, F	I am familiar with and S. Or, if this document is	
If Cha	mging Registered Agent, Signature of N	iew Registered Agent	
ir Chai	ikink vekizieren wkeur zikuninte oi iz	en negistereu ngent	

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
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tive date, if other than the date of filing:	(optional)	
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ord specifies a delayed effective date, but not an effective	ima at 12.0) a mi on the conline of (h). The Of	th day ste
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LIO AO / VALAVA	/ / / / / / · / · · · · · · · · · · · ·	
JOSE Walle Signature of a member or aut	orized representative of a member	

Filing Fee: \$25.00