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## **COVER LETTER**

Division of Cor			
RAMON A SUBJECT:	SENCIO LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JHON RODRIGUEZ		
		Name of Person	<del>"</del>
	JIREH MULTISERVICES	LLC	
		Firm/Company	
	2978 S JOG RD SUITE A		
		Address	
	GREENACRES 33467		
		City/State and Zip Code	
	JIREHMULTI@GMAIL.C  E-mail address: (	OM to be used for future annual re	port notification)
For further information of	concerning this matter, please c		,
JHON RODRIGUEZ		561 5749	110
Name (	of Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for t	he 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 Addre</u> Registration		Street Add Registrat	I <u>ress:</u> ion Section
Division of C	Corporations	Division	of Corporations
P.O. Box 632	27	The Cent	re of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	D LLC  company as it now appears on our record  ited Liability Company)	d <u>s</u> ,)	
The Articles of Organization for this Limited Liability Comp		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
MSJ TRANSPORT LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	O" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	303 E WOOLBRIGTH RD #	178	
(Principal office address MUST BE A STREET ADDRES.	BOYNTON BEACH FL 3343	5 28	
		2023 /	
Enter new mailing address, if applicable:	303 E WOOLBRIGTH RD #	178	
(Mailing address MAY BE A POST OFFICE BOX)	BOYNTON BEACH FL 3343	35	
	<u> </u>	<u>မှ</u>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new regi	
Name of New Registered Agent: JIREH MU	JLTISERVICES LLC		
New Registered Office Address: 2978 S JO	2978 S JOG RD STE A		
	Enter Florida street addre	Sv	
GREENA	, r	lorida <u>33467</u>	
	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>	<u>Name</u>	Address	Type of Action
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			Change
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			□Add
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neneca ote: If t	date, if other we date is listed, the date inserte t's effective dat	d in this block	specine and e does not me	et the application	able statutory	or more man yu	days after filing	) g.) Pursuant to 605.0 e will not be listed
ecord spis spis spis spis spis spis spis spi		ed effective da	te. but not a	n effective ti	me, at 12:01 a	.m. on the ear	lier of: (b) Т	he 90th day after t
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	Marca.	Mu	3					
	1	Sie	iature of a m	ember or auth	orized represent	ative of a memb	er	

Typed or printed name of signee