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(Requestor's Name)	
(Address)	
(Address)	-
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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AUG	OF NE 1 8 2023
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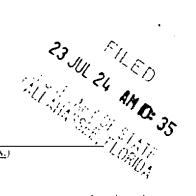
Registration Section
Division of Corporations

TO:

SUBJECT:		RANSPORT 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:	
	JONATHAN D FONT		
		Name of Person	
	JD FONT TRANSPORT I		
		Firm/Company	
	6555 OLD LAKE WILSO	N RD LOT 188	
		Address	
	DAVENPORT, FL 33896	US	
		City/State and Zip Code	
	JDTRANSPORTLLC_@H		
	E-mail address: (to be used for future annual report not	ification)
For further information e	oncerning this matter, please co	all;	
JONATHAN D FONT		at (
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Curtified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration : Division of C P.O. Box 632 Tallahassee,	Section Corporations 17	Street Address: Registration Sc Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JD FONT TRANSPORT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on	09/26/2022	and assigned
Florida document number	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company he	<u>re</u> :	
JD TRANSPORT L.L.C.			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the do	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered	Laffan addaan an am a		and the Control of th
agent and/or the new registered office address here:	i office address on our re	cords, enter the na	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
		, Florida _	Zip Code
			Zip Code
New Registered Agent's Signature, if changing Registered	<u>l Agent:</u>		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and conaccept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of a zent as provided for in C	my duties, and Lan hapter 605, F.S. O	n familiar with and r, if this document is
	In Change in the Change		· · · · · · · · · · · · · · · · · · ·
	If Changing Registered Age	ent, <u>Signature of New</u>	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
			□Add
		□Remove	
		☐ Change	
		Remove	
			☐ Change
			□Remove
		□Change	
		□Add	
		□Remove	
		☐ Change	
		□Add	
		□Change	
			
			□Remove
			∏Change

Page 2 of 3

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an el iote:	ce date, if other than the date of filing:
e red The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ated	07/18/2023
	A
	Signature of a member or authorized representative of a member

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