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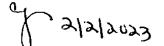
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SUBJECT: JRF	Trucking Luc Name of Lin	PISTICS LLC Med Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Julian Cobai	Name of Person	
		Firm/Company	
	6010 DR MLK	JR. STN. Saint 2	Retersburg 91 33703
	cobankarogo E-mail siddress (	City/State and Zip Code  Ail - Com  to be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca		
Julian Cola Name of	n ka Person	at (721) 459 3 Area Code Daytime	2 2 2 5 e Telephone Number
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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JKT Irucking	a L09,	Stics LL	<u>C</u>	2023 FEB -2 PM
(Name of the Limited I	Lisbility Company Forida Limited Lia	as it now appears on our libility Company)	records.)	SEUNE III
		Dalai		SEUN TALIMITASSEE
The Articles of Organization for this Limited Liabi		rere filed on UCTOS	1x 10,	2022 and assigned
Florida document number <u>L 22000 43580</u>	7			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liabili	ty company here:		
The new name must be distinguishable and contain the words	s "Limited Liability	Company," the designation	"LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:			<u> </u>
(Principal office address MUST BE A STREET A	(DDRESS)			
Enter new mailing address, if applicable:				, <u>.</u>
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	·		
B. If amending the registered agent and/or regisagent and/or the new registered office address he		dress on our records, <u>s</u>	enter the na	me of the new registe
Name of New Registered Agent:	-			
New Registered Office Address:				
		Enter Florida street d	address	
_			_, 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 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 bein or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
AMBR	Renato Cobanka	6010 DR. MIKJR. ST. N.	□Add
		Saint Petersburg F133	703 MRemove
			□Change
			□Add
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(If an e <u>Note</u> :	tive date, if other than the date of filing: (optional)  ffective 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 ment's effective date on the Department of State's records.
e reco	ord 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 filed.
Dated	February 02, 2023.
	Signature of a member or authorized representative of a member
	Julian Cubanka Typed or printed name of signee