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| Special Instructions | s to Filing Officer: | |
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Office Use Only



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SECHULATION STATE

ECEIVED FILE

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: | Name of Lim | ited Liability Company | | |
|---|--|---|---|--|
| The analysed Astislas of | Amandmust and Cutal are sub | mitted for filing | | |
| | Amendment and fee(s) are sub | _ | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | GERMAN FOURCADE | | | |
| | | Name of Person | | |
| | N/A | | | |
| | | Firm/Company | | |
| | 3565 SW 17 ST | | | |
| | | Address | | |
| | FORT LAUDERDALE, F | L 33312 | | |
| | | City/State and Zip Code | | |
| | germanfourcade@gmail.com | | | |
| | E-mail address: (| to be used for future annual report not | ification) | |
| For further information c | oncerning this matter, please c | all: | | |
| GERMAN FOURCADE | | 786 4684385 | | |
| Name of Person | | Area Code Daytin | ne Telephone Number | |
| Enclosed is a check for the | ne 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: | | <u>Street Address:</u> Registration Se | ection | |
| Registration Section Division of Corporations | | Division of Co | | |
| P.O. Box 6327 | | The Centre of | The Centre of Tallahassee | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAS TRANSPORTING LLC

| (Name of the Limited Liability (A Florida) | y Company as it now appears on our records Limited Liability Company) | <u>.</u>) | |
|---|---|--|--|
| The Articles of Organization for this Limited Liability Co Florida document number <u>L23000018242</u> | ompany were filed on FLORIDA | and assigned | |
| Florida document number | <u>-</u> | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limit | ted liability company here: | | |
| | | 202 | |
| The new name must be distinguishable and contain the words "Limit | ted Liability Company," the designation "LLC" | or the abbreviation L.C. | |
| Enter new principal offices address, if applicable: | | PR - | |
| (Principal office address MUST BE A STREET ADDRI | ESS) | 900 3 T | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | office address on our records, <u>enter</u> (| | |
| | . Florida | | |
| | City | Zıp Code | |
| New Registered Agent's Signature, if changing Registered | Agent: | | |
| I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change. | omplete performance of my duties, an ent as provided for in Chapter 605, I | d I am familiar with and F.S. Or, if this document is | |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-----------------------|---------------------------|----------------|
| MGR | DIEGO VILLAVICENCIO B | 3565 SW 17 ST | = Add |
| | | FORT LAUDERDALE, FL 33312 | Remove |
| | | | □Change |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Article III Principal Business activity will consist of all legal business in the United States including but not limited to providing transportation services by trucking of general cargo. E. Effective date, if other than the date of filing: (1f an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated ____ Signature of a member or authorized representative of a member

. . . .

GERMAN FOURCADE

Filing Fee: \$25.00

Typed or printed name of signee