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COVER LETTER

Division of Co	rporations		
JJD TRAN	SPORTER LLC		
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOHN VICUNA		
		Name of Person	
	JJD TRANSPORTER LLC		
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JOHN VICUNA			
	6049 BALBOA CIR A PT2	03	
		Address	
	BOCA RATON, FL 33433	3	
	JOHND81@HOTMAIL.CO	•	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
JOHN VICUNA			
Name o	r Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

Mailing Address:

TO:

Registration Section

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

JJD TRANSPORTER LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our i Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	were filed on 02/01/2023	and assigned
Florida document number 1.23000060396		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
JD TRANSPORTER & MULTISERVICES LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)		
		7024 JUN
		=
Inter new mailing address, if applicable:	N/A	5 5
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered office	address on our records, <u>c</u>	nter the name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	uddress
		E) 11

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
			□ Add
			□Remove
			⊡Change
			□Add
			□ Remove
			⊡Change
			□Remove
			□Add
			□Remove
			□Change
			□ Remove
			⊡Change
<u>.</u> .			
			□Remove
			□Change

	N/A
7 FF o o	tive date, if other than the date of filing:
	tive date, if other than the date of filing:
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
aocu	ment's effective date on the Department of State's records.
1 1000	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
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Filing Fee: \$25.00