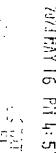
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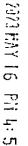
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





05/16/23--01615--023 ++25.00





## COVER LETTER

TO: Registration Sc Division of Cor	porations		•
SUBJECT: _JM_	V LOGISTIC &	ETRAN SPORTA	Tion LLC
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Mike Colli	n Joachim	
		, valle of CELNO	
-		Firm/Company	
) } }	JMV LOG	ISTIC & TRANS	SPORTATION LLC
546 Willow Rive	ORLANDO F	FLORIDA 3286 City/State and Zip Code	SPORTATION LLC
	E-mail address: (t	to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please or	ıH:	775. 124 101
Mike Coll	IN JOACHIM	at (347) 74/ Area Code Daytime	1639 5
			: 5 <b>7</b>
Enclosed is a check for t			P
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	f) \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	t address
		, Florida
	Cin	Zin Cada

## 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 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 Type of Action Name Title Address MGR JARCHIM MIKE Collin 10546 WILLOW RIDGE LOOF ORLANDO FLER VIVIANE VINCENT 10546 WILLOW RIDGE LOOP OR L FL 32825 WAND CoiMin, Joseph 10546 WILLOWRIDGE LOOP ORL FL 32825 WARD □Remove ☐ Change "It hange lAdd

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