## L23000512253

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## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations		
SUBJECT: JFGP Transo	imited Liability Company	-
The enclosed Articles of Amendment and fee(s) are su	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
John F. 1FGP -	Garibello Name of Person  Transports LLC	2024 3EC
2125 N	Firm/Company  St.	ZOZN JAH 22 SEGRENATO TALL
	Address	7
Miami, Fl	City/State and Zip Code	## 10: 24
jan bell Je-mail address	s: (to be used for future amual report notification)	_
For further information concerning this matter, please	e call:	
John Garibello	at (754) 801-3388  Area Code Daytime Telephone Num	
Name of Person  Enclosed is a check for the following amount:	Area Code Dayume Telephone Num	EX
<b>12</b> \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, icate of Status & led 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 Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	÷810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23 000 512253</u>	were filed on Nov 13, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability.  The new name must be distinguishable and contain the words "Limited Liability."	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	MA ====================================
	22
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, FloridaZip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	e to act in this capacity. I further agree to comply with the erformance 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
MBR	John F. Garibello	2225 NW 105st Migmit 4	1. DAdd
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			□Change
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