Florida Department of State

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(((H24000099213 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: MACCA SERVICES INC Account Name

Account Number : I20230000145

Phone

Fax Number

: (407)729-4850 : (866)422-2483

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JMJ TRANSPORTATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Sec Division of Corp					
JMJ TRANS	SPORTATION, LLC				
SUBJECT:	Name of Limits	ed Liability Company			
The enclosed Articles of	Amendment and fec(s) are subm	itted for filing.			
	ndence concerning this matter to				
	CRISTHINA VAZQUEZ				
	-	Name of Person			
	MACCA SERVICES INC				
		Pirm/Company	<u> </u>		
	2739 KISSIMMEE BAY ÇI	R			
	*************************************	Address	·· ···		
	KISSIMMEE, FL 34744				
	~~~	City/State and Zip Code			
	MACCASERVICESFL@GM				
	E-mail address: (to	pe used for future annual report not	ification)		
For further information co	incoming this matter, please call	l;			
CRISTHINA VAZQUEZ	:	407 729-4850			
Name of	Person	at (at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for th	e following amount:				
■ \$25.00 Filing Fee	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Address</u> Registration S		Street Address: Registration Se	ection		
Division of Co		Division of Corporations			
P.O. Box 632		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
Tallahassee, F	יב אי 1 <del>4</del> ב אי	2413 N. MONIO	ne attect, attic ora		

Tallahassee, FL 32303

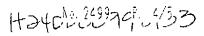
### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMJ TRANSPORTATION, LLC					
(Name of the Lim	ited Liability Company (A Plorida Limited Lia	as it now appears on ou bility Company)	ır records.)	<del></del>	
The Articles of Organization for this Limited I Florida document number L24000014245	Liability Company w	ere filed on <u>01/05/207</u>	24	_ and assigne	d
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liabili	y company here:			
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designat	ion "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if appli	cable:				
(Principal office uddress MUST BE A STRE	ET ADDRESS)			<del> </del>	
		<del>.</del>		2021 H	F = "
Parameter if any lighter			;- -	HAS I	: '
Enter new mailing address, if applicable: <i>(Malling address MAY BE A POS<u>T OFFICE</u></i>	- - ROM			<u>, + , , , , , , , , , , , , , , , , , ,</u>	<del>.</del>
Mutting Guares MAT BE A FUST OFFICE	<u>. BUA)</u>		Ĉ	<del>- 3</del>	
	-		-	<del></del>	
B. If amending the registered agent and/or agent and/or the new registered office addre		dress on our records	s, enter the name o	f the new Tes	gistered
Name of New Registered Agent:	ALICIA HERNA	NDEZ LEAL	.,		
New Registered Office Address:	1170 TUPELO TE	CAIL UNIT 7102			
THE PROPERTY OF THE PARTY OF TH		Enter Florida stre	eet address		
	HAINES CITY		, Florida <u>33844</u>		
		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.

HIGH HENAUGEZ Leal
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
MGR	VICTOR H CANO	222 KNOLLWOOD DR	
		DAVENPORT, FL 33837	□Remove
			□Change
			□ Remove
			Change
<u>.</u>			
			□Remove
			☐ Change
<del>.</del>		<del></del>	□Add
			Пкеточе
			□Change
			Remove
			□Add
			□Remûve
			Change

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fective date, if other than the c	late of filing:			(optic	nal)	
n effective date is listed, the date must ste: If the date inserted in this blo	he medific and canno	t be prior to date	of filing or more	than 90 days after	filing.) Pursuant to 605	.0207 ed as
cument's offective date on the De	partment of State's	records.	widter) transfer	1		
coord specifies a delayed effective	date, but not an eff	ective time, a	t 12:01 a.m. on	the earlier of: (b	) The 90th day after	r the
is filed.						
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ted MARCH 12		<del></del> ·				
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Willer His	I'M awalle	LECLI				
Fritcoc M	impature of a march	r or authorized	representative of	a member		

Filing Fee: \$25.00