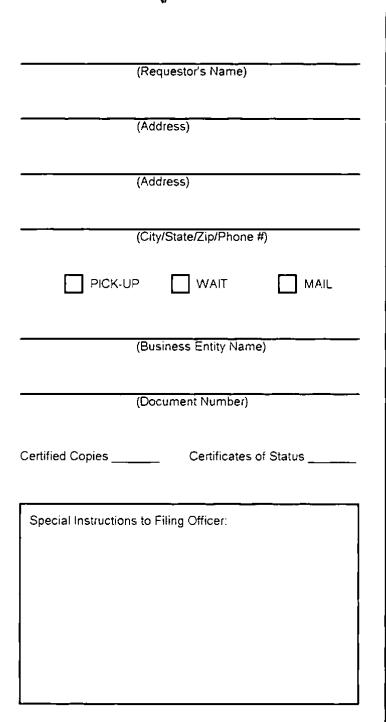
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Office Use Only





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COVER LETTER

TO:

Tallahassee, FL 32314

то:	Registration Sec Division of Corp						
A	Jeune Truc	king LLC					
SUBJEC	Л: <u></u>	Name of Limi	ited Liability Company				
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
		ndence concerning this matter					
		Fedner Jeune					
			Name of Person				
			Firm/Company	tus &			
		4453 Campus Hills Circle	e				
			Address				
		Address  Jacksonville, Florida 32218  City/State and Zip Code					
				iling Fee, ite of Status & I Copy			
		contact@jeune-enterprise	to be used for future annual report notification)				
For furth	ner information c	oncerning this matter, please co					
Fedner	Jeune		832 897-8132 at ()				
•	Name o	f Person	Area Code Daytime Telephone Number				
Enclose	d is a check for th	ne following amount:					
□ \$25	.00 Filing Fee		☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy tadditional copy is enc	us &			
	Mailing Addres Registration S		Street Address: Registration Section				
	Division of C	orporations	Division of Corporations				
	P.O. Box 632 Tallahassee.		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## . ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jeune Trucking LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L24000050619	JANUARY 26, 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
JEUNE ENTERPRISE LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	(9)
	: • ?
Enter new mailing address, if applicable:	्रा ————————————————————————————————————
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter .	Florida street address
	, Florida
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 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 supported to manage, enter the title, name, and address of each person being adder removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			□Change
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	lock does not meet the ap	oplicable statutory fill	more than 90 days after ing requirements, this	filing.) Pursuant to 605.0207 date will not be listed as
e record specifies a delayed effectiv rd is filed.	e date, but not an effecti	ive time, at 12:01 a.m	on the earlier of; (b	) The 90th day after the
Dated APRIL 2.	. 2024			
Dated				
Fedner Jeur	Ne Signature of a number or	authorized representati	ve of a member	