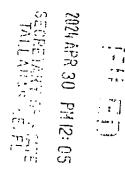
L24000 181088

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	enn Jenisc Name of Limi	Transportation ted Liability Company	n LLC
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
		Fer D. Mc Cohece	>
		Firm/Company	202i
	524	South Main S	SECULO PHIZ: 05
	Q ₁	City/State) and Zip Code	351
	E-mail addres): (1	miemcahee 166 o be used for future annual report noti	
For further information co	oncerning this matter, please ca	ill:	
Name of	Ferson McChee	at (<u>850</u>) <u>591</u> - Area Code Daytim	2873 e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	Street Address: Registration Se	
Division of C		Division of Cor The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company (A Florida Limited Lia	consportation LLC as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L2 4000 181088</u> .	1 1 7	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	201
		±= → · · · · · ·
	>	2
Enter new mailing address, if applicable:	- 15分 - 15分 - 15	30
(Mailing address MAY BE A POST OFFICE BOX)	33	72 11
(Maining datasess BIAT BE A TOST OF FICE BOA)	रीक	<u> </u>
•		05
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on our records, enter the name of th	-
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 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

Title	<u>Name</u>	Address	Type of Action
Ambr	Jennifer DM Chee	524 S. Main St.	□Add
		Onincy, FL 32351	
		 .	DChange
Mgr	Shake tha Mchee	6511 Horizon Ct.	□Add
		Tallahassee, FL 32304	□Remove
			Change
		TORKE	Change Remove
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ffective date, if other an effective date is listed to the content of the date insert ocument's effective date.	ed in this block do	es not meet the	applicable statut	filing or more that tory filing requ	(option n 90 days after fil irements, this d	n al) ling.) Pursua: date will no:	nt to 605.020 t be listed a
		but not an effec	ctive time, at 12:	:01 a.m. on the	earlier of: (b)	The 90th o	lay after the
	iyed effective date,						
l is filed.		. ,					
record specifies a dela d is filed. Dated		ure of smember of	 D. Yng	Khu			

Filing Fee: \$25.00