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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: \_\_\_\_ JORMAN L.B.TRANSPORTATION INC DOCUMENT NUMBER: P17000074027 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JORMAN Y. LEMUS Name of Contact Person JORMAN L.B. TRANSPORTATION INC Firm Company 5720 E 4TH AVE Address HIALEAH, FL 33013 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JORMAN Y LEMUS at (305) 742-7252

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ■\$43.75 Filling Fee & □S43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

JORMAN LIBITRANSPORTATION INC.

Name of Comment	
P17000074027	y filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Floridu Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation: JLBal Inc.	***
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Covered "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain dec
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent  SAME	ess in Florida, enter the name of the
(Florida stree	t address)
New Registered Office Address:	Cuv) — , Florida — (Zip Cute)
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar wi  Signature of New Rev	th and accept the obligations of the position.  gistered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
_X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<del></del>		
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
ć du			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
N/A

The date of each amendment(s) at date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90) days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONF.)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amenda ficient for approval.	ient(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following steeach voting group entitled to vote separately on the amendmentiss.	ilement
"The number of votes cast	or the amendment(s) was were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and share	holder
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators without shateholder action and shareholder	ег
11/15/2017 Dated		
Signature	2 A	
selected	ector, president or other officer – if directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other diffuciary by that fiduciary)	
	ORMAN Y LEMUS	
•	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	