## PISALLE 69754

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## COVER LETTER

**TO:** Amendment Section

Division of Corporations		
NAME OF CORPORATION: 1	A & JU TRANSPOL	AT INC
DOCUMENT NUMBER: 100	100001191	<del></del>
The enclosed Articles of Amendment	and fee are submitted for filing.	
Please return all correspondence conce	erning this matter to the following:	
DANYE	R SANCHEZ	
SP881	D LIMIT ( PARRIE	R Selvices.
10990	NW 138 TH ST UN	<u>T5</u>
Higher	AH GARDENS FI	33018
	City/ State and Zip	Code
E-mail add	LINITOARRIER GI	port notification)
For further information concerning thi	s matter, please call:	
eclis Suar	262 at (780	6,505,9458
Name of Contact Perso	n Area	a Code & Daytime Telephone Number
Enclosed is a check for the following a	amount made payable to the Florida I	Department of State:
_	Filing Fee & S43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address Street Address		
Amendment Section Amendment Section Division of Corporations Division of Corporations		
P.O. Box 6327 Cliffon Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## **Articles of Amendment**

to

## Articles of Incorporation of

JA & JU TRANSPORT INC	
Name of Corporation as currently	filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:  TJ BROTHER'S XPRESSINC	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Coword "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3931 SEABRIDGE DRIVE ORIANDO, FI 32839
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent 3931 SEAD	RIDGE DRIVE
New Registered Office Address: ORIANDO	City)  Florida 30839  (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.

Signature of New Registered 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.

X Change	$\underline{\mathbf{pT}}$	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			NIA
Add			
Remove			
. 2) Change			
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3 ) Change	_		
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The date of each amendment(s) add date this document was signed.	ption:	, if other than t
0.17	SUST,17TH 2018	
Effective date <u>if applicable</u> : <u>HU</u>	(no more than 90 days after amendment)	file date)
Note: If the date inserted in this blodocument's effective date on the Dep	ck does not meet the applicable statutory filing requartment of State's records.	uirements, this date will not be listed as t
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for icient for approval.	the amendment(s)
	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the an	
"The number of votes east for	r the amendment(s) was/were sufficient for approval	
by	(voting group)	,
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ed by the board of directors without shareholder action	on and shareholder
The amendment(s) was/were adoptaction was not required.	ed by the incorporators without shareholder action an	id shareholder
DatedO	17/18	
Signature		
(By a dir	ctor, president or other officer - if directors or office	
	by an incorporator – if in the hands of a receiver, trust fiduciary by that fiduciary)	stee, or other court
-	Typed or printed name of person signing)	le 2
	<u>.</u>	
_	President.	
	(Title of person signing)	

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