P21000044415

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: JJD MANAGEME	NT AND TRANSPORT C	ORP	
DOCUMENT NUMB	ER: P21000044415			
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
J	UAN CARLOS OLIVE JR			
-	···	Name of Contact Persor	1	
J	JD MANAGEMENT AND	TRANSPORT CORP		
-		Firm/ Company		
7	701 SW 142TH AVE APTO	•		
-		Address		
I	PEMBROKE PINES FL 330	27		
-		City/ State and Zip Code	C	
(OLIVEGEMA@YAHOO.CC	ЭМ		
-	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
JUAN CARLOS OLIV	E JR	786 at (553-3509 de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	puyable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Articles of Amendment Articles of Incorporation of

(Name of Corporation as current	tly filed with the Florida Dept, of State)	
P2100004441513501		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopts the following amenda	ment(s) to
A. If amending name, enter the new name of the corporation;		
	The n	
name must he distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the wo	.," ord
	13501 SW 265TH TER	
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	HOMESTEAD FL 33032	2021 JUN 27
		2)
		· =
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	13501 SW 265TH TER	23
(Mailing address MAT III: A FOST OF FICE HOS)	HOMESTEAD FL 33032	-
		- آسا باران
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre-	dress in Florida, enter the name of the 88:	ŕ
Name of New Registered Agent		
(Florida s	street address)	
New Registered Office Address:	(City) , Florida (Zip Code)	_
	(City)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the position.	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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: XChange	<u> 14</u>	John Du	20	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove Change				
Add				
Remove				<u></u>
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

(Anach additional si	heets, if necessary).	(Be specific)				
		-				
<u>, </u>						
			·	 -		
		, ,,,	41	45 6 to a a b .		
 If an amendment provisions for important 	plementing the ame	ndment if not co	ntained in the an	<u>rendment itself:</u>	ı (ça,	
(if not applica	ble, indicate N/A)					
			.			
_,						

The date of each amendment(s) add date this document was signed.	ption:, if other than the
6/24/2	021
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suft	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
must be separately provided for ed	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cust fo	or the amendment(s) was/were sufficient for approval
by	(voting group)
6/24/2021 Dated Signature	
(By a dire selected,	by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)
•	JAN CARLOS OLIVE JR
_	(Typed or printed name of person signing)
P	RESIDENT

(Title of person signing)