

L14000194532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

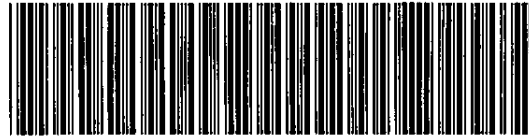
(Business Entity Name)

(Document Number)

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03/27/15--01012--017 \*\*30.00

02/23/15--01023--014 \*\*25.00

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15 MAR 25 PM 4:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~03/27/15~~ MAR 27 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JMC FREIGHT, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OGNJEN CAPIN  
Name of Person

JMC FREIGHT, LLC  
Firm/Company

410 EVERNIA STREET  
Address

WEST PALM BEACH, FL 33401  
City/State and Zip Code

OGJENCAPIN@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OGNJEN CAPIN at (305) 494-5893  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 4, 2015

OGNJEN CAPIN  
410 EVERNIA STREET  
WEST PALM BEACH, FL 33401

SUBJECT: JMC FREIGHT, LLC  
Ref. Number: L14000194532

We have received your document for JMC FREIGHT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 415A00004457

RECEIVED  
15 MAR 25 AM 10:00  
DIVISION OF CORPORATIONS  
INFORMATION SERVICES

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

JMC FREIGHT, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/23/2014 and assigned Florida document number L14000194532.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MONIKA VEIC	113 MINNIEHAWK CIRCLE, HAINES CITY 33844 FL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	MONIKA MEIC	113 MINNIEHAWK CIRCLE, HAINES CITY 33844 FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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 TALLAHASSEE, FLORIDA

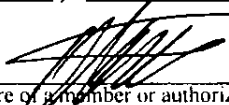
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

• Hello, My name is OGNJEN CAPIN my title is MGR in company JMC Freight  
I want to change my MGR title to AMBR - because of  
the new FL Law I'm not able to open bank account under my  
company name with old title. PLEASE GET my title changed  
from MGR TO AMBR so that my company can operate. I appreciate business  
with you.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after  
the date this document is filed by the Florida Department of State)

Dated March 20th, 2015



Signature of a member or authorized representative of a member

OGNJEN CAPIN

Typed or printed name of signee

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