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2023 JUN 8 PH 12: 06

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COVER LETTER

TO:

Registration Section Division of Corporations

J.E.M.S MERINO ENVIRONMENTAL LLC SUBJECT: 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: ZENON MERINO GUTIERREZ Name of Person **SELF** Firm/Company 1227 SE 7TH AVE Address ARCADIA, FL 34266 City/State and Zip Code LOREDOMAC72@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARIA LOREDO Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUN 8 PH 12:106

J.E.M.S MERINO ENVIRONMENTAL 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 10/21/2022	and assigned
Florida document number L22000455028		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
J.E.M.S. MERINO TRANSPORT LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sireet address	
	, Flori	da
	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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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	06/05/2023			
ective date, if other than the	he date of filing:		(optional)	
te: If the date inserted in this	block does not meet the applic	able statutory filing requ	airements, this date wil	l not be listed a
ument's effective date on the	Department of State's records			
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cord specifies a delayed effec s filed.	tive date, but not an effective t	ime, at 12:01 a.m. on the	e earlier of: (b) The 90	our day after the
JUNE 5	, 2023			
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Filing Fee: \$25.00