

L24000023518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

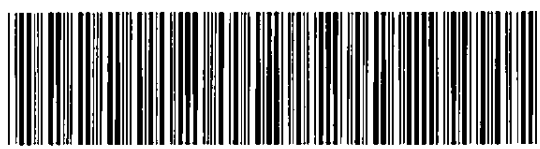
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000423941710

12.20/24-00000-018 **25.00

KLH
3/16/24

STATE OF MISSISSIPPI
2024 FEB 20 PM 2:03

RECEIVED

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: DJS TRUCKING SERVICES 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:

DANIEL LABASTIDA SIMANCAS
Name of Person
DJS TRUCKING SERVICES LLC
Firm/Company
131 GRANDE VALENCIA DR APT 108
Address
ORLANDO, FLORIDA 32825
City/State and Zip Code
DELS0409@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL LABASTIDA SIMANCAS at (918) 9074905
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 FEB 20 PM 2:03
FILED

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

DJS TRUCKING SERVICES 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 01/05/2024 and assigned Florida document number L24000023518.

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 contain 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)

Enter new mailing address, if applicable:

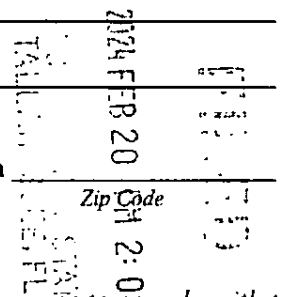
(Mailing address MAY BE A POST OFFICE BOX)

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 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>	<u>Type of Action</u>
AMBR	DANIEL LABASTIDAS	131 GRANDE VALENCIA DR APT 108	<input type="checkbox"/> Add
		ORLANDO, FLORIDA 32825	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DANIEL LABASTIDA	131 GRANDE VALENCIA DR APT 108	<input checked="" type="checkbox"/> Add
		ORLANDO, FLORIDA 32825	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 FEB 20 PM 03
 STATE

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

PLEASE UPDATE EIN 99-1089129

Multiple horizontal lines for entering amendments.

E. Effective date, if other than the date of filing: 01/05/2024 (optional) Pursuant to 605.0207(3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

2024 FEB 20 PM 03
STATE
FILE

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEBRUARY 02

2024

Handwritten signature of Daniel Labastida Simancas

Signature of a member or authorized representative of a member

DANIEL LABASTIDA SIMANCAS

Typed or printed name of signee