

L07000030533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

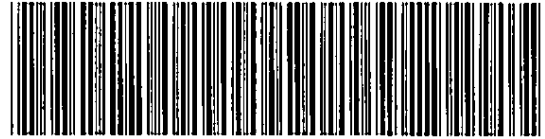
(Business Entity Name)

(Document Number)

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FILED  
2019 JUN -5 P 1:02  
MILWAUKEE REGISTER

JUN 20 2019  
MILWAUKEE

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

J + V Trucking Services, LLC FILED  
(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company) 2007 JUN -5 P 1:02

The Articles of Organization for this Limited Liability Company were filed on 3/21/2007 and assigned Florida document number L07000030533.

This amendment is submitted to amend the following:

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

J + V Trucking Services of Florida, LLC  
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:

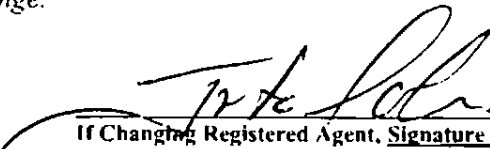
\_\_\_\_\_

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>
Mngr	Vanessa Molina	3537-39 NW 49 Street	<input checked="" type="checkbox"/> Add
		Miami, FL 33142	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L07000030533

1. Limited Liability Company's Name

J+V Trucking Services, LLC

2. Principal Office Address - No P.O. Box #

3537-39 NW 49 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

US

3. Mailing Office Address

3537-39 NW 49 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

US

8. Name and Address of Current Registered Agent

Name

Justo Molina

Street Address (P.O. Box Number is Not Acceptable) Suite

3537-39 NW 49 Street

Apt. #, Etc.

City

Miami

State

FL

Zip Code

33142

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Manager	Justo Molina	3537-39 NW 49 Street	Miami, FL 33142

11. E-mail Address:

Atcqi@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

*Justo Molina*

Date

5/31/19

Daytime Phone #

(315) 25-6435

Typed or printed name of signing authorized representative/member

FILED

2019 JUN -5 P 12:51

TALLAHASSEE, FLORIDA

500830433075  
06/05/19--01011--011 \*\*793.75  
CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

3/21/07

6. FEI Number

98-0532671

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a certificate of status