

LO9000037224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

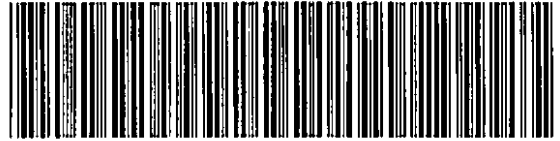
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

AUG 22 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JRK TRUCKING AND CONSTRUCTION, 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:

ROBERTO GREO

Name of Person

JRK TRUCKING AND CONSTRUCTION, LLC

Firm/Company

629 BITTERN CT

Address

KISSIMMEE, FL 34759

City/State and Zip Code

rgreo58@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERTO GREO

813- 701-0134
at ()

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

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

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18 AUG 15 PM 7:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JRK TRUCKING AND CONSTRUCTION, 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 04/16/2009 and assigned
Florida document number 109000037224.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

629 BITTERN CT

KISSIMMEE, FL 34759

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

629 BITTERN CT

KISSIMMEE, FL 34759

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:

ROBERTO GREO

New Registered Office Address:

629 BITTERN CT

Enter Florida street address

KISSIMMEE,


City

Florida 34759

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>
MBRM	ROBERTO GREO	629 BITTERN CT	<input type="checkbox"/> Add
		KISSIMMEE, FL 34759	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
ABRM	ABBE L PISCIOTTA	629 BITTERN CT	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34759	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBM	WILLIE J GLADDEN	10916 BANYAN WOOD WAY	<input type="checkbox"/> Add
		RIVERVIEW, FL 33579	<input checked="" 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

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

WILLIE GLADDEN IS NOT A OWNER OR MEMBER OF THIS ^{LLC}~~CORPORATION~~. REMOVE HIS NAME
AND ANY AUTHORITY LISTED FROM SUNBIZ.ORG.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 07/20/2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) 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.

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 JULY 20, 2018



Signature of a member or authorized representative of a member

ROBERTO GREO

Typed or printed name of signee