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SECRETARY OF STATE

D. BRUCE

JAN - 5 2010

**EXAMINER** 

## **COVER LETTER**

Division of Co	rporations			
SUBJECT:		rucking LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		•		
		John E Timbie		
Name of Person				
	JET TRucking LLC			
	Firm/Company			
1447 Waco Court				
		Address		
	0	range Park, FL 32065	<del>.</del>	
		City/State and Zip Code	E.	
		imbie@cleatwire.net to be used for future annual report notific	ration)	<b>&gt;</b>
For further information	concerning this matter, please of		FIAR NASS	
l.	ska <b>– T</b> iaskia	004	107 0175	K in
	ohn E Timbie of Person	at ( 904 ) 4  Area Code & Daytime	197-2175	: 1
, idino			. 59	
Enclosed is a check for	the following amount:			- marine
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is en	

MAILING ADDRESS:

TO:

**Registration Section** 

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

	JET Trucking LLC		
(Name of the Limited Liz (A Flo	ability Company as it now appearida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on	12/28/2009	and assigned
Florida document numberL0900012250	<u>06                                    </u>		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company he	<u>re</u> :	
	1 40 1 11 11 6	22.1 1 2 41	
The new name must be distinguishable and end with the "L.L.C."	ie words "Limited Liability Comp	any," the designation "L	Econor the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		9 2 7
Enter new mailing address, if applicable:			59
(Mailing address MAY BE A POST OFFICE BO			
THERE IN THE PARTY OF THE BO			
	<del></del>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street add	ress
-	Cin	, Florida	Zip Code
	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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action** Title **Address** <u>Name</u> Barbara McCabe MGR .☑ Add 1478 Wild Iris Lane Orange Park, FL 32003 Remove ☐ Add ☐ Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 31 2009 Dated \_\_\_ Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00