

L13000036621

(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



100290100391

09/26/16--01009--025 \*\*25.00

16 SEP 26 PM 12:17  
TALLAHASSEE, FLORIDA

SEP 28 2016

Y SULKER

JBS PLANT SERVICES, LLC  
P.O. Box 770998  
Miami, Florida 33177  
(305) 412-7600 – Office

**RE: JBS PLANT SERVICES LLC**  
**Document No. L13000036621**  
**Articles of Amendment**

Dear Sir or Madam:

Enclosed please find our Articles of Amendment to Articles of Organization of JBS Plant Services LLC, dated September 19, 2016, together with a check in the amount of Twenty-five dollars (\$25.00) as the required filing fee.

Any documents that need to be returned to us, please mail them to the address listed above.

If you have any questions or concerns, please do not hesitate to contact me at (305) 345-2369.

Sincerely,

A handwritten signature in black ink, appearing to read 'MICHELLE COFFEY-GARCIA', with a stylized, cursive script.

MICHELLE COFFEY-GARCIA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JBS PLANT 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:

MICHELLE COFFEY-GARCIA

\_\_\_\_\_  
Name of Person

JBS PLANT SERVICES LLC

\_\_\_\_\_  
Firm/Company

P.O. Box 770998

\_\_\_\_\_  
Address

Miami, FL. 33177

\_\_\_\_\_  
City/State and Zip Code

MCG.JBSNURSERY@GMAIL.COM

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

For further information concerning this matter, please call:

MICHELLE COFFEY-GARCIA

305 345-4992

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

JBS PLANT 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 3-11-2013 and assigned  
Florida document number L13000036621

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:**

MICHELLE COFFEY-GARCIA

**New Registered Office Address:**

4617 LONG KEY COURT

*Enter Florida street address*

NAPLES

*City*

Florida 34112

*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	MICHELLE COFFEY-GARCIA	PO BOX 770998	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33177	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 SEP 23 PM 2:17  
HHS OFF, FLORIDA

16 SEP 26 PM 12:11  
FBI - NEW YORK  
FBI - NEW YORK

**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.

Dated SEPTEMBER 19, 2016

Signature of a member or authorized representative of a member

MICHELLE COFFEY-GARCIA

Typed or printed name of signee