

L13000043773

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TALLAHASSEE, FLORIDA

APR 22 2013

D. BUTLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J. Wilson Trucking L.L.C.
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:

Jhen Wilson
Name of Person
J Wilson Trucking L.L.C
Firm/Company
4460 SW 140th St Rd
Address
Opala FL 34473
City/State and Zip Code
Jheni Wilson@yahoo.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Jhen Wilson at (352) 282-7676
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

J Wilson Trucking 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 3/25/2013
Florida document number L13000043773.

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This amendment is submitted to amend the following:

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

J Wilson Trucking L.L.C.

The new name must be distinguishable and end with 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)

4460 SW 140th St Rd

Ocala FL 34473

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4460 SW 140th St Rd

Ocala FL 34473

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:

Temeka L. Charles Wilson

New Registered Office Address:

4460 SW 140th St Rd

Enter Florida street address

Ocala

City

Florida

34473

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.

Temeka Wilson

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Temeka Wilson	4466 SW 140th St Rd	<input type="checkbox"/> Add
		Deale FL 34473	<input checked="" type="checkbox"/> Remove
MGR	Jhen Wilson	4466 SW 140th St Rd	<input checked="" type="checkbox"/> Add
		Deale FL 34473	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11/13/2008 BY SP-10/PLA/1034

13 APR 19 PM 5:11

Add

Remove

Add

Remove

Add

Remove

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

Dated 4/5/13, _____.

Jhen Wilson
Signature of a member or authorized representative of a member

Jhen Wilson
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF COURT
TALLAHASSEE, FLORIDA