## #13000064344

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K.SALY EXAMINER MAY -7 2013

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

AMENDED NAME FOR (JC & AS, 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:

ANGEL A. SANCHEZ

Name of Person

JC & AS, TRANSPORT LLC

Firm/Company

205 KATHERINE BLVD. サルフに

Address

PALM HARBOR, FL 34684

City/State and Zip Code

ANGEL.SANZ24@HOTMAIL.COM

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

For further information concerning this matter, please call:

ANGEL A. SANCHEZ

<sub>...</sub>787<sub>`</sub>564-4796

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**

JC & AS, 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 5/2/2013 and assigned				
Florida document number L13000064344	•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability co	ompany here:		
JC & AS, TRANSPORT LLC				
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Lia	bility Company," the designati	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		205 KATHERINE BLVD.		
(Principal office address MUST BE A STREET ADDRESS)		APT 1212		
	PAI	LM HARBOR, FL 34684	4	
	_ <del></del>			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		205 KATHERINE BLVD.		
		APT 1212		
<del></del> -	PA	LM HARBOR, FL 3468	4	
B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office ac ldress here:	ldress on our records, <u>en</u>	ter the name of the new	
Name of New Registered Agent: SA	SANCHEZ, ANGEL A			
New Registered Office Address: 205 KATH		BLVD.		
		Enter Florida street	address	
PA	LM HARBOR	Florid	a 34684	
	City		Zip Code	
New Registered Agent's Signature, if changing Register	red 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
			Add		
			Remove		
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D. If amending any other info	ormation, enter change(s) here: (Attach additional s	sheets, if necessary.)
<u> </u>		
<del></del>		
Dated MAY 3	, 2013	
	2 Rude	
	Signature of a member or authorized representative of a	member
ANGEL A. S	SANCHEZ	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00