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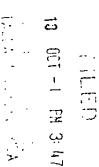
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COVER LETTER

Division of Cor			
J.V.J TRU6 SUBJECT:	CKING LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	TEODORA AGUIRRE		
		Name of Person	
	J.V.J TRUCKING ELC		
		Firm/Company	
	5702 SE 89TH TERR		
		Address	
	OKEECHOBEE, FL 3497-	1	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please co	all:	
TEODORA AGUIRRE		772 215-8647	
Name o	f Person	at () Area Code Daytime	Telephone Number
Inclosed is a check for th	ne 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

J.V.J 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 $\frac{05/02/2013}{1}$ and assigned Florida document number ________L13000064576 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 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: New Registered Office Address: Enter Florida street address

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.

City

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>	Type of Action
MBR	JUAN A BALTAZAR MATA	5702 SE 8TH TERR	
		OKEECHOBEE, FL 34974	Add
			■ Remove
			☐ Change
MBR	DUNIESKY SANCHEZ AZCUY	5702 SE 8TH TERR	
		OKEECHOBEE, FL 34974	
		ONLIGHTONIS, 11 3 7714	Remove
			Change
		•	Remove
			Change
			Add 5
			دې Romove
			Change
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tive date, if other than the date of filing:	<u> シです</u> (optional more than 90 days after filing) g.) Pursuant to 605.020
If the date inserted in this block does not meet the applicable statutory filiment's effective date on the Department of State's records.		
sent's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective	time, at 12:01 a.m.	on the earlier o
90th day after the record is filed.		
September 25 . 2018. Jooden C. Home Signature of a member or authorized representative		
Swelling 25 2018		
,		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00