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(Requ	estor's Name)	
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

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TO:	Registration Section	
	<b>Division of Corporations</b>	

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SUBJECT:	JAIbritton Hauling UC	
<u></u>	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:



For further information concerning this matter, please call:

Kenh Albrittan at (<u>\$13)</u> <u>414.1902</u> 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)

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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		
(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 <u>1414</u> , <u>8</u> , <u>2013</u> Florida document number <u>L130000 910174</u> .	_ and assig	gned
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability company here</u> :		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrev	viation "L.I.	C.``
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	18	<u> </u>
	JU	10 <u>1</u> C22
	22	
Enter new mailing address, if applicable:	с. сг	500
(Mailing address MAY BE A POST OFFICE BOX)	 	<u>.</u>
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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	S.S
	FI	orida
	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 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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	<u>Type of Action</u>
Manager	Joan Plbn Hn	KOT WISM DV	Add
U		SUNNETER 33575	
			Change
Managur	Joseph albrith	KO Welson Dr	Q Add
		Sebring PL 33575	Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: <u>UVIC 10, 2010</u> (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
<u>Note:</u> 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	(June 18 . 2018.
	brich Albert
	Signature of a member or authorized representative of a member
	Juseph Albrittan
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00