

L14000019959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

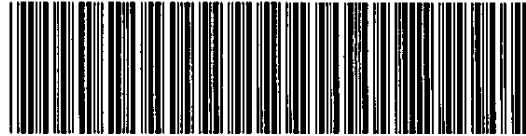
(Document Number)

Certified Copies ☒

Certificates of Status ☐

Special Instructions to Filing Officer:

Office Use Only



200258121892

03/27/14--01004--019 \*\*55.00

FILED  
14 MAR 27 AM 10:04  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

APR - 1 2014

T. BROWN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JLB HAULING 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:

PERMIT DEPARTMENT

Name of Person

SIMPLEX GROUP

Firm/Company

5800 NW 74TH AVE

Address

MIAMI, FL 33166

City/State and Zip Code

dlontero@simplexgroup.net

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

For further information concerning this matter, please call:

ALFREDO BAS

Name of Person

at ( 561 )

Area Code

503-1203

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**

JLB HAULING SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
14 MAR 27 AM 10:04  
CLERK OF CIRCUIT COURT  
STATE OF FLORIDA  
FALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/13/2014 and assigned  
Florida document number L14000019959.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

931 VILLAGE BLV SUITE 905-239

**(Principal office address MUST BE A STREET ADDRESS)**

WEST PALM BEACH, FL 33409

**Enter new mailing address, if applicable:**

931 VILLAGE BLV SUITE 905-239

**(Mailing address MAY BE A POST OFFICE BOX)**

WEST PALM BEACH, FL 33409

**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:

NORELKY CANCIO CABRERA

New Registered Office Address:

931 VILLAGE BLV SUITE 905-239

*Enter Florida street address*

WEST PALM BEACH

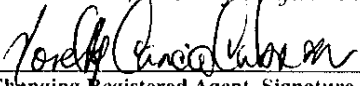
Florida 33409

*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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	ANTONIO BAS	8126 SW 185TH TERR	<input type="checkbox"/> Add
		MIAMI, FL 33157	<input checked="" type="checkbox"/> Remove
MGR	NORELKY CANCIO CABRERA	931 VILLAGE BLV SUITE 905-239	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33409	<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

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

---

---

---

---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_ , \_\_\_\_\_



\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
ALFREDO BAS

\_\_\_\_\_  
Typed or printed name of signee