# 14000099304

(Reque	stor's Name)	
(Addres	s)	
(Addres	is)	
(City/St	ate/Zip/Phone #	)
PICK-UP	] WAIT	MAIL
(Busine	ss Entity Name)	
(Docum	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	
Special Instructions to Filin	g Officer:	

Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 1, 2017

MICHAEL SMITH 9859 BRIDGETON DR TAMPA, FL 33626

SUBJECT: J & M COURIER SERVICES CENTRAL LLC

Ref. Number: L14000099304

SECRETAINS OF STATE OF ANALYSISE FLORIDA

We have received your document for J & M COURIER SERVICES CENTRAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 617A00011013

Please find all forms enclosed on this letter.

Thank you,

#### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lim	Services Centited Liability Company	ral LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter	-	
		nael Smith Name of Person	<del></del>
		OUTIER SERVICES Firm/Company	<del></del>
	9859 B	oridgeton Drive	<u> </u>
		City/State and Zip Code	
	Mi Ke. E-mail address:	mcourierservic to be used for future annual report notifi	es@gmail.com
For further information co	oncerning this matter, please ca	all:	
Mike Name of	Smith Person	at ( <u><b>813</b></u> ) 309- Area Code Daytime	- 2362 e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee You already have	□ \$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

JEM Courie	- Services Central LLC
( <u>Name of the Limite</u> (	d Liability Company as it now appears on our records.  A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	
(Principal office address MUST BE A STREET	TADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	, <u></u>
B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered office address on our records, enter the name of the new ice address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member	<i>,</i>	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John O. Wimberly Sr	2902 Timber Knoll.	Dr. 🗆 Add
		Valrico, FL 33596	Remove
			☐ Change
			Add
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ective date	, if other than t	he date of f must be specifi	iling: c and cannot be	prior to date of	filing or more t	opt han 90 days aft	tional) er filing.) Pursi	uant to 605.02
<u>te:</u> If the da	te inserted in this ective date on the	s block does r	not meet the a	pplicable statı	atory filing rec	quirements, th	nis date will n	ot be listed
		•						
	ecifies a delay			it not an eff	ective time	e, at 12:01	a.m. on th	ne earlier
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Filing Fee: \$25.00