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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JDS Trucking 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:
Denette Sears Name of Person
JDS Trucking UC
Firm/Company.
501 10th St #26
New Sonyrna Predn FL 32168
New Smyrna Frach Fl 32168  City/State and Zip Code  denette Scars @ qmall.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Denette Sears at (443) 7649089  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\$\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$\$\$\$ Certified Copy (additional copy is enclosed)}\$\$\$\$\$\$\$\$\$ 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

JDS T	RUCKING	LLC
(Name of the Limited Liability (A Florida	Company as it now appears imited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Co		10 14 2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limit	J. D. Was Community of the Journal	in all Charles and All Charles
	ed Liability Company, "the de	signation "LLC" or the aboreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	<u></u>	<del></del>
	<u> </u>	
		- P
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-g []
		:- · · · · ·
	<del></del>	- ω
B. If amending the registered agent and/or registered agent and/or the new registered office address.		our records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da street address
<del></del>		, 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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
Title title agent	sears, denette m	Scl 10th St	DAdd
v		Apt 26	Remove
		New Smyrna Beach Fr 3	•
AMBR	John Sears	501 10th St	Add
		Apt. 26	□ Remove
		New Snay rna Beach Fr 326	.8 □ Change
AMBR	Denette Sears	501 10th St	Add
		Apt.26	/ Remove
		New Smyra Beach, FL3	Change
			□ Add
			Remove
			Change
		<del></del>	Add
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Effective date if other tha	n the date of filing:	(antio	nal\
(If an effective date is listed, the da	n the date of filing: te must be specific and cannot be prior to dat	te of filing or more than 90 days after t	iling.) Pursuant to 605.0207 (
	his block does not meet the applicable s the Department of State's records.	statutory filing requirements, this	date will not be listed as the
the record specifies a de ) The 90th day after the	layed effective date, but not an e record is filed.	effective time, at 12:01 a.	m. on the earlier of:
Dated		7	
	Lineta Se	, 	
	Signature of a member or authorized	representative of a member	
	Dunette S	• • • •	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00