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11/9/17

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 LLC
Firm/Company

501 10th St #24
Address

New Smyrna Beach FL 32168
City/State and Zip Code

denette.sears@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denette Sears at (443) 764 9089
Name of Person 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)

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

JDS TRUCKING LLC

Page 1 of 3

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>	<u>Type of Action</u>
<u>title agent</u>	<u>sears, denette m</u>	<u>501 10th St</u>	<input type="checkbox"/> Add
		<u>Apt 26</u>	<input checked="" type="checkbox"/> Remove
		<u>New Smyrna Beach FL 32168</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>John Sears</u>	<u>501 10th St</u>	<input checked="" type="checkbox"/> Add
		<u>Apt. 26</u>	<input type="checkbox"/> Remove
		<u>New Smyrna Beach FL 32168</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Denette Sears</u>	<u>501 10th St</u>	<input checked="" type="checkbox"/> Add
		<u>Apt. 26</u>	<input type="checkbox"/> Remove
		<u>New Smyrna Beach, FL 32168</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

FD-302 (Rev. 11-27-70)

E. Effective date, if other than the date of filing: _____ (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)

Note: 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.

(b) The 90th day after the record is filed.

Dated

Bernette Sch...

Signature of a member or authorized representative of a member

Denette Sears

Typed or printed name of signee