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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	∍#)
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(Do	cument Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Division of	on Section Corporations		
JC LOA	ADS USA, LLC.		
	Name of Limited Liability Company	-	
The enclosed Articles	es of Amendment and fee(s) are submitted for filing.		
Please return all corre	respondence concerning this matter to the following:		
	MAURICIO CRESPO		
	Name of Person		
	JC LOADS USA, LLC.		
	Firm/Company	_	
	15400 SW 81 CIR-LN # 105		
	Address	_	
	MIAMI, FL 33193		
	City/State and Zip Code		
	jcloadsusa@gmail.com	7£ 28 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
For further information	E-mail address: (to be used for future annual report notification) ion concerning this matter, please call:	2015 OCT 22 SECRETARY	
Mauricio Crespo	786 383-5824 	22 P RY OF SEE. F	Î
Nar	une of Person Area Code Daytime Telephone Numb	IZ: 13	
Enclosed is a check for	for the following amount:		
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate Copy is enclosed)	Filing Fee, cate of Status & ed Copy nal 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

JC LOADS USA, LLC.			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited I	Liability Compan	y were filed on	and assigned
lorida document number L15000036488	·		
his amendment is submitted to amend the fol	lowing:		
If amending name, <u>enter the new name o</u>	of the limited lia	bility company here:	
i/A			
he new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		N/A	
			7AL SE
			10 S 0 T 1
			TAR
. If amending the registered agent and	l/or registered	office address on our record	ds, enter the hame of the
egistered agent and/or the new registered o	office address he	<u>re</u> :	
	.		07.4.7 12:
Name of New Registered Agent:	N/A		<u> </u>
New Registered Office Address:	N/A		
-		Enter Florida street addre	ess
		, F	Torida
	***	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</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	BARBOSA, JUAN C	15400 SW 81 CIR-LN #105	Add
		M1AM1,FL 33193	
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			Add Add Remove ALLAHASSEE
			TARY OF STATE FLORIDA
			□ Remove
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ective date, if other than the da	ate of filing	g:	•••		(>> optional)	w	
n effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department.	e specific and k does not n	l cannot be pri neet the appl	or to date of icable stati	filing or more	than 90 days equirements	after filing.) s, this date w	Pursuant i vill not b	to 605.020' e listed as
record specifies a delayed e The 90th day after the recor	effective of the distribution of the distribut	late, but r	not an ef	ective tin	ne, at 12:	01 a.m. o	n the e	arlier o
OCTOBER 16TH		2015	1.					
		7170		,				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00