115000161743

(Red	questor's Name)	
(Add	lress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



700306496627

12/15/17--01017--004 **25.00

17 DEC 15" PH 4: 14



COVER LETTER

TJ TRUCK SUBJECT:	SERVICES LLC		•
OBJECT.	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	CARLEECIA GORDON		
		Name of Person	
	CT GORDON & ASSOCIA	ATES	
		Firm/Company	<u> </u>
	5348 NW 116TH AVE		
		Address	
	CORAL SPRINGS, FL 330	076	
		City/State and Zip Code	
	CTGORDONASSOCIATES	S@GMAIL.COM o be used for future annual report notifi	
			canoni
ror jumper intormation of	concerning this matter, please ca	IH:	
CARLEECIA GORDO	1	754 212-7720	
Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

IJ TRUCK SERVICES LLC		
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records rida Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Florida document number L15000161743		
This amendment is submitted to amend the following	:	
A. If amending name, <u>enter the new name of the li</u>	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET AD	DRESS)	
		₩
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
B. If amending the registered agent and/or re registered agent and/or the new registered office a		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida Zip Code
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JEFFREY SHAW	1981 SW 56TH AVE	⊟ Add
		PLANTATION, FL 33317	☐ Remove
			☐ Change
			Remove
			Change
			
			☐ Remove
			☐ Change
			Remove
			Change
			□ Add
			☐ Remove
			Change
		-	Add
			Remove

			-			
·						
			-			
						·
						17 (
		_				D EC
					_	<u> </u>
					-	<u></u>
						4:
						+
	·					
						
ective date, if other than the da n effective date is listed, the date must be	te of filing:		un alann a & & Lan		(optional)	D
te: If the date inserted in this block	does not me	et the applica				
rument's effective date on the Depa	rtnient of Sta	te's records.				
	66L'				47.04	
record specifies a delayed e The 90th day after the record		te, but not	an effecti	ve time, at	12:01 a.m. o	n the earlier o
·						
DECEMBER 13		2017	•			
500			_			
19X6.	· cu			ative of a memb		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00