

L15000206131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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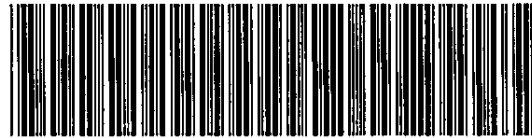
(Business Entity Name)

(Document Number)

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FEB 08 2017

S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB -6 PM 4:30

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J.L. HAYES TRANSPORT, 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:

JAMIE L. HAYES

Name of Person

J.L. HAYES TRANSPORT, LLC.

Firm/Company

P.O. BOX 368

Address

SEBRING, FL 33871

City/State and Zip Code

jlayestransport@jlayestransportllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMIE L. HAYES

Name of Person

863 944-8256
at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

J.L. HAYES TRANSPORT, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on DECEMBER 10, 2015 and assigned
Florida document number L15000206131.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

J.L. HAYES TRANSPORT, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1908 OLIVE AVENUE

SEBRING, FL. US 33870

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 368

SEBRING, FL. US 33871

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JAMIE L. HAYES

New Registered Office Address:

1908 OLIVE AVENUE

Enter Florida street address

SEBRING

, Florida 33870

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	JAMIE L. HAYES	1908 OLIVE AVENUE	<input type="checkbox"/> Add
		SEBRING, FL. US 33870	<input type="checkbox"/> Remove
		XXXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> Change
XXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Add
		XXXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Remove
		XXXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Change
XXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Add
		XXXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Remove
		XXXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Change
XXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Add
		XXXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Remove
		XXXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Change
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		XXXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Change

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

[This section contains horizontal lines for amendments, which have been crossed out with a large 'X']

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

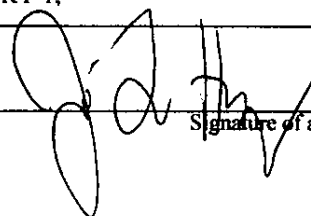
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated FEBRUARY 1, 2017


Signature of a member or authorized representative of a member

JAMIE L. HAYES

Typed or printed name of signer