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To:

Division of Corporations

Fax Number : (650) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : T20010000062

: {323}962-8600

Fax Number

: (323)962-3889

\*\*Enter the email address for this business entity to be used for ∰utu annual report mailings. Enter only one email address please the

| Email | Address |  |
|-------|---------|--|
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JJF TRUCKING, LLC

| Certificate of Status | 0       |
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| Certified Copy        | 1       |
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## **COVER LETTER**

'n

| TO: Registration Se<br>Division of Cor |   |   |  |                    |
|--|---|---|--|--------------------|
| JJF Trucki                             | ing, LLC  |   |  |                    |
|  | Name of Lim   | ited Liability Company  |  |                    |
|  | Amendment and fee(s) are sub-<br>indence concerning this matter | •   |  |                    |
|  | Cheyenne Moseley  |   |  |                    |
|  | d dans fibritished amendata attity for tradition (a             | Name of Person  | ann ann amhr i Ní - Archelly, ministeoir rendereur (1994) har 44 🗯   |                    |
|  | Legalzoom.com, Inc.   |   |  |                    |
|  |   | Firm/Company  | <del></del>  | 77.00              |
|  | 100 W. Broadway Suite   | 100   |  | 16 M               |
|  |   | Address   |  | 第 表                |
|  | Glendale, CA 91210  |   |  | ECRETARY OF STATES |
|  |   | City/State and Zip Code   | The state of the s | # 7-91             |
|  | eflack66@yalroo.com   | to be used for future annual report notifi                          | ေဒက်လာ)  | 9: 3               |
| For further information o              | oncerning this matter, please c                                 | ·   |  | o E                |
| Imelda Vasquez                         |   | 323 962-8600 ex   | rt 7950  |                    |
| Name o                                 | f Person  | Area Code Daytime   | Telephone Number   |                    |
| Enclosed is a check for the            | he following amount:  |   |  | ·                  |
| S25.00 Fifing Fee                      | ☐ \$30.00 Filing Fee & Certificate of Status                    | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Foe,<br>Certificate of Stat<br>Certified Copy<br>(additional copy is en   | us &               |
| MAIL                                   | INC: ADDDESS:   | STREET/COURI  | TR ABBRESS:  |                    |

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**

| JJF Trucking, LLC  |  |  |
|--|--|--|
| (Name of the Limited Liability Comp.<br>(A Florida Limited   | nuv as it now appears on our records.)<br>Linbility Compuny) |  |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L16000001055</u>  | were filed on 12/31/2015                                     | and assigned                             |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the limited lish  | ility company here:  |  |
| The new name must be distinguishable and end with the words 'Limited Liab  | pility Company," the designation "LLC" or the                | abbreviation "L.L.C."                    |
| Enter new principal offices address, if applicable:  | 10770 Sunset Ridge Lane                                      | 16                                       |
| (Principal office address MUST BE A STREET ADDRESS)  | Orlando, Florida 32832                                       | # AR                                     |
|  |  | 7 77                                     |
| Enter new mailing address, if applicable:  | 10770 Sunset Ridge Lane                                      | SE S |
| (Moiling address MAY BE A POST OFFICE BOX)   | Orlando, Florida 32832                                       | 9: 3                                     |
|  |  | 8 9                                      |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent: |  |  |
|  | **************************************                       |  |
| New Registered Office Address:   | Enter Florida street address                                 |  |
|  | , 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u>                            | Name           | <u>Address</u>          | Type of Action              |
|---|----------------|-------------------------|-----------------------------|
| AMBR                                    | Carl A Fluck   | 8431 Narcoossec Rd.     | □ Add                       |
|   |                | Orlando, Florida 32827  | <b>⊠</b> Remove             |
| AMBR                                    | Carl A Flack   | 10770 Sunset Ridge Lane | <b>⊠</b> Add                |
|   |                | Orlando, Florida 32832  | □ Remove                    |
| ANAGD                                   |                |                         | SECRETA<br>TALLAHA<br>16 MA |
| AMBR                                    | Victor Juhnson | Orlando, Florida 32832  | SSE COL                     |
| *************************************** |                |                         | 9. 38                       |
|   |                |                         | □ Remove                    |
|   |                |                         | Add                         |
|   |                |                         | Remove                      |
|   |                |                         |                             |
|   |                |                         | □ Remove                    |
|   |                |                         |                             |

|                   |   | ster change(s) here: (Attach additional sheets, if necessary.)  |   |
|-------------------|---|---|---|
|                   |   |   |   |
|                   |   |   |   |
| ***               |   |   |   |
| · <del></del>     |   | ***************************************   | • |
|                   |   |   | : |
| (The effective of | ate, if other than the date of<br>date must be specific, cannor be prio<br>document is filed by the Florida Dec | filling:(optional) or to date of receipt or filed date and cannot be more than 90 days after partment of State) |   |
| Dated             | 3/8   | 2016  |   |
|                   | /   | lul li. Sth   |   |
|                   | Signanu   | e of a member or authorized representative of a member  |   |
|                   |   | Carl A Flack Typed or printed name of signes  |   |
|                   |   | ( Abort of himmen narrow or sufferen  | ή |

Page 3 of 3

Filing Fee: \$25.00

TALLAHASSEE FLORIB