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SECRETARY OF STATE ARECANIASSES FOR STATE

HARRIS

COVER LETTER

	tration Section ion of Corporat	ions				
SUBJECT: _	bnes	Throne Name o	Truc	Ling Liability Company		
The enclosed A	Articles of Amen	dment and fee(s) ar	e submitte	ed for filing.		
Please return a	ll correspondenc	e concerning this n	natter to th	e following:		
	_	Richa	rd L	Name of Person	Jr.	
		Jones	Th	one Truc Firm/Company	King	
		5701	Gra	nt st, Address		
	_	Hollyu	uood Ci	FL 33 hy/State and Zip Code nes 97856 used for future annua	021	·
	_	Richa E-mail add	rd Jor	nes 9785@ used for future annua	Valoo il report notific	ation)
For further info	ormation concer	ning this matter, ple			·	
Ric	Name of Perso	Jones Jr.		at (786) Area Code	877- Daytime	8557 Telephone Number
Enclosed is a c	check for the foll	owing amount:				·
□ \$25.00 Fil	ing Fee 🔲	\$30.00 Filing Fee & Certificate of Stat		\$55.00 Filing Fee Certified Copy (additional copy is e		□ \$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

Jones Throne Truck (Name of the Limited Liability Compan (A Florida Limited Li	y as Wnow appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on April 04, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5701 Grant st
(Principal office address MUST BE A STREET ADDRESS)	Hollywood, FL 33021
Enter new mailing address, if applicable:	5701 Grant st
(Mailing address MAY BE A POST OFFICE BOX)	Hollywood, FL 33021
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
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:	Ciţi Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
AMBR	Princeanna Jones	5701 Grant St	🖸 Add
		5701 Grant St Hollywood FL, 33021	Remove
			☐ Change
	·		Add
			□ Remove
			Change
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fective date, if other	er than the date of fi , the date must be specific ed in this block does no ate on the Department of	ot meet the applicable	ate of filing or more that statutory filing requ	(optiona an 90 days after fili airements, this da	il) ng.) Pursuant to 605.0 te will not be listed
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cument's effective da e record specifies	er the record is file	ed. 	ed representative of a n		n. on the earlies

Filing Fee: \$25.00