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Office Use Only



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TILED

WILLIAM P 11 P 11 20

JUNIT'S 2013

COVER LETTER

TO: Registration Sec Division of Corp		•	
J&D TRUC SUBJECT:	K GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	DAYESI POZO ALBA		
		Name of Person	
	J&D TRUCK GROUP LL	c	
		Firm/Company	<u> </u>
	1801 N.W. 18 TERRACE	APT#4	
		Address	
	MIAMI, FLORIDA 33125	5	
	1144 - 1144 - 1144	City/State and Zip Code	
	JDTRUCKGROUP@GMA		
	E-mail address: (to be used for future annual report notifica	
For further information co	oncerning this matter, please ca	all:	
DAYESI POZO ALBA		615 785-9665 at ()	
Name of	f Person	Area Code Daytime To	elephone Number
Enclosed is a check for th	ne following amount:		Si € O
		E es co pui	三 八
\$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

J&D TRUCK GROUP LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 05/10/2016	and assigned
Florida document number L16000091186		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	l liability company here:	
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 ADDRES	SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		70
B. If amending the registered agent and/or register		enter the name of the n
registered agent and/or the new registered office addres	s here:	
		Or T
Name of New Registered Agent:		Pri Car
Navy Basistand Office Address		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florie	د د
- 1111 - 1	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 **Type of Action** Title Name Address 1801 NW 18 TR #4 MIAMI, FL 33125 MGR JOEL MARIN RUIZ ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change **Re**move ☐ Remove □ Change □ Add □ Remove _□ Change

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ive date, if other than the	he date of filing: nust be specific and cannot be prior to	date of filing or more than Q	(optional)
If the date inserted in this	block does not meet the applical	ole statutory filing require	ments, this date will not be li
ent's effective date on the	Department of State's records.		
ord specifies a delay 90th day after the re	ed effective date, but not ecord is filed.	an effective time, at	: 12:01 a.m. on the ear
MAY 27,	2016		
\sim	<i>O.</i>	_ •	
	14 / 1		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee