LHOOCO 17154

| (Requestor's Name) | |
|---|------------|
| (Address) | 600 600 |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | 10/ |
| (Document Number) | |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|--|--|
| SUBJECT: | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | JA | 2ED STUCIONA Name of Person | n.v |
| | Acad Code Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Act of Limited Liability Company Amendment and fee(s) are submitted for filing. Act of Limited Liability Company Firm/Company Firm/Company Address Pompano Beach F(33064 City/State and Zip Code Act of Limited Liability Company Area Code Act of Limited Liability Company Area Code Daytime Telephone Number | | |
| | | | |
| | POMPANO | BEACH FL 3 City/State and Zip Code | 3064 |
| | E-mail address: (1 | VDVGQ 5 H1PW 1 to be used for future annual report noti | TH COKE. COM |
| For further information c | oncerning this matter, please ca | all: | |
| JAC+O Name o | STOCKMAN f Person | at (<u>877</u>) <u>868</u> Area Code Daytime | - 2673 e Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | | | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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&J Express | S HIPPING | į. |
|--|---|----------|
| (Name of the Limited Liability Compan (A Florida Limited L | ty as it now appears on our records.) lability Company) | |
| The Articles of Organization for this Limited Liability Company of Florida document number <u>L26000177</u> 25 | were filed on OCT 20,2017 and assigned | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company." the designation "L.L.C" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | 1401 GREEN RD. STEA. | |
| | PUMPANO BEACH, FL 33064 | 1 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | 1401 GREEN RD. STE A | |
| | POMPANO BEACH, FL 33004 | / |
| B. If amending the registered agent and/or registered off | <u></u> | <u>r</u> |
| registered agent and/or the new registered office address here | | |
| | ± €0 | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| New Registered Agent's Signature, if changing Registered Agent: | City Zip Code | |
| I hereby accept the appointment as registered agent and agreen or oversions of all statutes relative to the proper and complete procept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change. | performance of my duties, and I am familiar with and rowided 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> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|-----------------------|--------------------|
| CEO AMBR) | RYAN MANCEBO | 5246 NW 110th AVE | Ø Add |
| | | CORAL SPRINGS, FL 330 | 76□ Remove |
| | | | Change |
| MGR | ROGER CLAPPER | 1626 HAWTHORNE PL | Add |
| | | WELLINGTON, PL 33414 | Remove |
| | | | Change |
| | | · | |
| | | | Remove |
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| amending any other information, enter change(s) here: (Attach additional sheets, if necessar | (y.) |
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| - 10 10 - 17 | · · · · · · · · · · · · · · · · · · · |
| Tective date, if other than the date of filing: $10-20-17$ (optional 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 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date occurrent's effective date on the Department of State's records. | Pursuad to 605.0207 |
| e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed. | on the earlier of |
| nted | |
| Signature of a member or authorized representative of a member | |

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Filing Fee: \$25.00