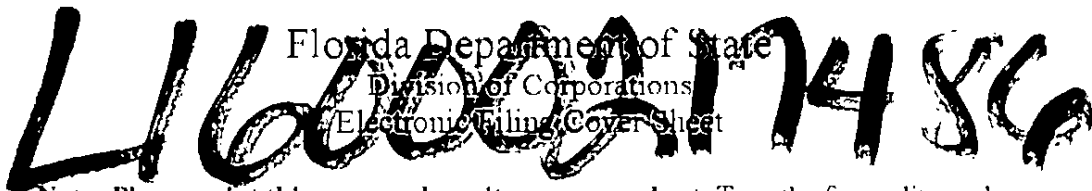


6/21/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000164945 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC
Account Number : I20140000047
Phone : (813)774-4726
Fax Number : (813)774-4726

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

DIVISION OF CORPORATIONS

17 JUN 22 AM 8:52

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JVM TRUCKING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JVM TRUCKING 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:

ACOSTA, ABEL

Name of Person

JVM TRUCKING LLC

Firm/Company

730 SPICE WOOD DR

Address

LAKELAND, FL

City/State and Zip Code

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

For further information concerning this matter, please call

ACOSTA, ABEL

Name of Person

at (305) 4327860

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount.

☐ \$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
Chloro Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JVM TRUCKING 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 11/30/2016 and assigned
Florida document number L16000217486

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

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DIVISION OF CORPORATIONS

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>
AMBR	SANABRIA, LUIS FRANCISCO	1403 NEPTUNE DRIVE	<input type="checkbox"/> Add
		LAKELAND, FL 33401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CORTES LEON, LIONIA	6948 CABERNET XING	<input checked="" type="checkbox"/> Add
		LAKELAND, FL 33811	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 JUN 22 AM 8:53
DIVISION OF CONSUMER AFFAIRS

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17 JUN 74
DIVISION OF COMPOSITIONS

FILED
17 JUN 22 AM 8:52
DIVISION OF CONGRESSIONAL AFFAIRS

Effective date, if other than the date of filing (If an effective date is listed, the date must be preceded by the word "effective" and the word "filing" Pursuant to 605.02-07 (3)(b) (If an effective date is listed in this block, the word "effective" and the word "filing" will not be listed as the...)

Note: If the date inserted in this block does not match the document's effective date on the Department of Health record.

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

Dated

ACOSTA, ADRIAN