117000056875

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100379570981

01/21/22--01012--006 **25.00



A. **BUTLER** FEB - 1 2022

COVER LETTER

TO: Registration Division of C			,
SUBJECT:	FRDN Freeling Name of Limit	LLC ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Andrea Ja	Name of Person	
	JRON TO	nching UC Firm/Company	
	4900, Washin	Address	
	Hollywood , F	City/State and Zip Code	
	Candylea 00 (C)	o be used for future annual report noti	fication)
SUBJECT: JRDN For LLC Name of Linflied Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: And Coc			
Andra Je	of Person	at (917) 805- Area Code Daytim	3030 e Telephone Number
Enclosed is a check for	the 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, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WIJ Trucking, LLC		9
(Name of the Limited Limited Compa	iny as it now appears or Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number 1700056875.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
JRDN Fruching, LLC The new name must be distinguishable and contain the words "Limited Liabiletic L	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	nla	
(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 agent and/or the new registered office address here:	-	rds, enter the name of the new registered
Name of New Registered Agent: n/a		
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 agr provisions of all statutes relative to the proper and complete	ee to act in this cap performance of my	acity. I further agree to comply with the 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.

n/q
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	n/n		
			□Remove
			□Change
			CRemove
			□Change
			□Add
			□Remove
			Change
			□ Add
			Remove
			□Change
			□Remove
			□Add
			□Remove
			□Change

	$-n/\alpha$
	
Effec	tive date, if other than the date of filing: (optional)
(If an e	frective date, if other than the date of filing:
Note	: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docu	ment's effective date on the Department of State's records.
ho =004	and annuities a delegate of free land them because of the control
ord is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
oru is	nicu.
Date	+ $O + 1 + 2$
Date	$1 \frac{01}{17} \frac{17}{2022}$
	$\frac{1}{2} \cdot \frac{1}{2} \cdot \frac{1}$
	Signature of a member or authorized representative of a member
	HABLES LOUDED Typed or printed name of signee
	T AIN 121 10 10 10 10

EU E CAROO