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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	EUC	TRUCKING COMPANY LLC	
		Name of Rimited Liability Company	

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

<u>Chester Johnson</u> Name of Person JDJ TRUCKING COMPANY LLC 264 Howthorne Groves Blud, #103 Delando, Flogida 32835 City/State and Zip Code stawn johnson 458 yaton, com E-Suil address: (to be used to Suture annual report notification)

For further information concerning this matter, please call:

at (<u>402</u>) <u>S35-1951</u> Area Code Daytime Telephone Number bester Johnson

Enclosed is a check for the following amount:

S25.00 Filing Fee

□ \$30,00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy (senclosed)) \$60.00 Filing Fee. Certificate of Status & Certified Copy radduonal copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F4, 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

JDJ TRUCKING COM (Name of the Limited Liability Compar (A Florida Limited L	iv av it now adhears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{U100053300}$.	were filed on <u>3-14-2011</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	
B. If amending the registered agent and/or registered of	fice address on our records, enter the name of the new

registered agent and/or the new registered office address here:
Image: Comparison of the new registered office address here:

Name of New Registered Agent:
Image: Comparison of the new registered Agent:

New Registered Office Address:
Image: Comparison of the new registered Agent:

New Registered Office Address:
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City

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

, Florida

Zip Code

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

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MGR = Manager AMBR = Authorized Member

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Title	<u>Name</u>	Address	Type of Action
Mg <u>B.</u>	Shawn Johnson	264 Hawthorne Groves Orlando, Fl. 32835	103 Add
		Orlando, El. 32835	Remove
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D. 'If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: 8-21-201 (optional) (If 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.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated	8-21-2017	
	Choster Johnson Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	<u>Typed or printed name of signee</u>	
	Typed or printed name of signee	

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Filing Fee: \$25.00