

L17000112971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

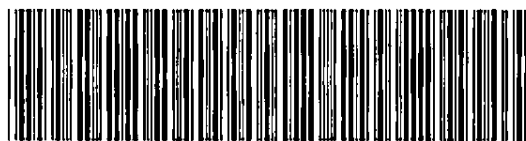
(Business Entity Name)

(Document Number)

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2019 OCT 16 PM 6:53  
TALLAHASSEE, FL

NOV 05 2019  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JMG 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:

KATARZYNA PERZAN

\_\_\_\_\_  
Name of Person

TAXPOL DEVON CORP

\_\_\_\_\_  
Firm/Company

2500 E. DEVON AVE # 175

\_\_\_\_\_  
Address

DES PLAINES, IL 60018

\_\_\_\_\_  
City/State and Zip Code

KASIA@#TAXPOL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACEK MISZTAL

201 456-1382

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

JMG 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 05/22/2017 and assigned  
Florida document number L17000112971.

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)

18435 SW 267 ST  
HOMESTEAD, FL 33031

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18435 SW 267ST  
HOMESTEAD, FL 33031

**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:

JACEK MISZTAL

New Registered Office Address:

18435 SW 267 ST

Enter Florida street address

HOMESTEAD

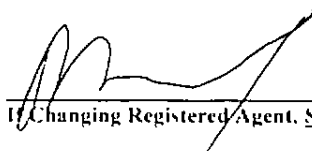
City

Florida 33031

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

| <u>Title</u> | <u>Name</u>        | <u>Address</u>             | <u>Type of Action</u>                      |
|--------------|--------------------|----------------------------|--|
| MGR          | MALGORZATA MISZTAL |                            | <input type="checkbox"/> Add               |
|              |                    | 219 CYPRESS TRCE           |  |
|              |                    | ROYAL PALM BEACH, FL 33411 | <input checked="" type="checkbox"/> Remove |
|              |                    |                            | <input type="checkbox"/> Change            |
|              |                    |                            | <input type="checkbox"/> Add               |
|              |                    |                            | <input type="checkbox"/> Remove            |
|              |                    |                            | <input type="checkbox"/> Change            |
|              |                    |                            | <input type="checkbox"/> Add               |
|              |                    |                            | <input type="checkbox"/> Remove            |
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|              |                    |                            | <input type="checkbox"/> Change            |

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 08, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee