# L17000141741

| (Requestor's Name)                      |
|---|
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| PICK-UP WAIT MAIL                       |
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## COVER LETTER

| TO:            | Registration Sec<br>Division of Corp |  |  |   |  |  |
|----------------|--------------------------------------|--|--|---|--|--|
| CUD I          | rct.                                 | JCS Hauli                                    | ng Sorvices, LL  | $\subset$   |  |  |
| SUBJ           | ECT:                                 |  | ited Liability Company   |   |  |  |
|                |                                      |  |  |   |  |  |
| The er         | nclosed Articles of                  | Amendment and fee(s) are sub                 | mitted for filing.   |   |  |  |
| Please         | return all correspon                 | ndence concerning this matter                | to the following:  |   |  |  |
|                |                                      | Mark   | haw. Cleaver   |   |  |  |
| Name of Person |                                      |  |  |   |  |  |
|                |                                      | JCS H  | auling Services  | ILC   |  |  |
|                |                                      |  | Old St. Augus  |   |  |  |
|                |                                      |  | Address  | <del>-</del>  |  |  |
|                |                                      | Tallal                                       | rassee For 32 City/State and 2ip Code  | 311-8540  |  |  |
|                |                                      | MûvH   | City/state and Zip Code  AWCLEAVEY O 9 1  to be used for future annual report noah | mail. Com   |  |  |
| For fu         | rther information co                 | oncerning this matter, please c              |  | ·   |  |  |
| 1              | Morthal                              | v. Cleaver                                   | at ( <u>\$50</u> ) 491-  | 1945  |  |  |
|                | Name of                              | Person                                       | Area Code Daytime  | Telephone Number  |  |  |
| Enclos         | sed is a check for th                | e following amount:                          |  |   |  |  |
| □ \$2          | 5.00 Filing Fee                      | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

| JUS Hauling Serv  |   |
|---|---|
| (Name of the Limited Liability Company as it now ap<br>(A Florida Limited Liability Compa   | pears on our records.)<br>ny)   |
| The Articles of Organization for this Limited Liability Company were filed or Florida document number   | Deag, har 7, 2017   |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited liability company  **Calph's Hewing Service uc  The new name must be distinguishable and contain the words "Limited Liability Company."  |   |
| The new name must be distinguishable and contain the words "Limited Liability Company,"   | the designation "LLC" or the abbreviation "L.B.C."                                      |
| Enter new principal offices address, if applicable:   |   |
| (Principal office address MUST BE A STREET ADDRESS)   |   |
| <del></del>   | AND BUT   |
| Enter new mailing address, if applicable:   |   |
| (Mailing address MAY BE A POST OFFICE BOX)  | 071 F:  |
| <del></del>   | A   |
| B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:  | s on our records, <u>enter the name of the new</u>                                      |
| Name of New Registered Agent:   |   |
| New Registered Office Address:  |   |
| Enter   | r Florida street address  |
|   | , Florida   |
| New Registered Agent's Signature, if changing Registered Agent:   | Zip Code  |
| I hereby accept the appointment as registered agent and agree to act in a provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address, I have company has been notified in writing of this change. | e of my duties, and I am familiar with and in Chapter 605, F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

| MGR = N       | from our records:<br>lanager |         |                        |
|---------------|------------------------------|---------|------------------------|
| MBR = A       | Authorized Member            |         |                        |
| <u> Citle</u> | <u>Name</u>                  | Address | Type of Action         |
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| an effective da<br>lote: If the d | e, if other than the date is listed, the date must late inserted in this blocaffective date on the Dep | be specific and can<br>ck does not meet | not be prior to date<br>the applicable s | of filing or more tha<br>tatutory filing requ | (option 90 days after irements, this | filing.) Pursuan                | t to 60 <b>5</b> .020°<br>be lis <b>te</b> d as |
|                                   | pecifies a delayed<br>day after the reco   |   | , but not an                             | effective time,                               | at 12:01 a                           | .m. on the                      | earlier o                                       |
| ated                              | ebruary 1  | 2019                                    |  |   |                                      |                                 |   |
|                                   | Marth  | aw. Cle                                 | Pade Y                                   | representative of a rr                        | nember                               |                                 | _   |
|                                   |  |   |  |   |                                      |                                 |   |
|                                   | Martha   | N. Clea                                 | red or printed nan                       |   |                                      |                                 |   |

Page 3 of 3

Filing Fee: \$25.00