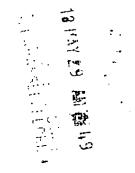
# 

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





05/29/18--01024--021 \*\*50.00





# **COVER LETTER**

то:	Registration Se Division of Cor			
CU:DI	ect.	TNT JAX	TRUCKING LLC	
SUBJ	ECT:	Name of Lin	nited Liability Company	<del></del>
The er	nclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
			TIMOTHY A FOSTER	
			Name of Person	
			TNT JAX TRUCKING LLC	
			Firm/Company	, <del></del>
		4455 CO	NFEDERATE POINT RD AP	TIIB
		JACE	KSONVILLE FLORIDA 3221	0
			City/State and Zip Code	<del></del>
			timothyfoster81@gmail.com	
For fu	rther information co	oncerning this matter, please o	to be used for future annual report all:	notification)
тімо	THY A FOSTER		904 at ( )	524-4059
	Name o	f Person	Area Code Da	sytime Telephone Number
Enclos	sed is a check for th	e following amount:		
□ <b>\$</b> 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, 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

T-N-T JAX TRUCKING LLC		
( <u>Name of the Limited Liability Company as it pow</u> (A Florida Limited Liability Com	appears on our records.) pany)	<del></del>
The Articles of Organization for this Limited Liability Company were filed	onNOV.20 2017	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	nny here:	
he new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		- <del></del>
Principal office address MUST BE A STREET ADDRESS)		14-
		(B)
·	,	7
Enter new mailing address, if applicable:		·二、 (到)
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
<ol> <li>If amending the registered agent and/or registered office addre registered agent and/or the new registered office address here:</li> </ol>	ss on our records, enter	the name of the
egistered agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
Ent	er 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

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>	Name	Address	Type of Action
MGR	TYRONE LEE JR	1421 CREEK POINT BLVD	<b>=</b> Add
		JACKSONVILLE FL 32218	<b>□</b> n
			☐ Change
			D Add
			□ Remove
			D Add
			□ Remove
			☐ Change
	-		
			□ Remove
			□ Change
<del></del>			Add
			□ Remove
		-	Change
			□ Remove
			□ Change

			<del></del>			
-	<del></del> -	<del></del>				_
	<del></del> <u>-</u>			e de distribuir e		_
	<del></del>	<del> </del>				_
					·	_
	<del></del>					_
<del></del>					·	_
	<del></del>	7-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2				_
-						<u>م</u>
		_				_ 
			·			** \\$)
						_ 
<del></del>						
	<del></del>	<del></del>				<del>-</del> ن
			<u> </u>	<del></del>	<del></del>	_
					<del></del>	
<del></del>	<del></del> ,	<del></del> .				_
effective date is li e: If the date in	other than the date of sted, the date must be spe- serted in this block door the date on the Department	cific and cannot be p es not meet the app	dicable statutory i	(op) or more than 90 days aft iling requirements, th	tional) er filing.) Pursuant to 6 nis date will not be li	605.020 isted a
record specifi he 90th day a	es a delayed effec after the record is	ctive date, but filed.	not an effectiv	e time, at 12:01	a.m. on the ear	dier (
ed						
ed	Teneth	had de	uthorized representa			

Page 3 of 3

Filing Fee: \$25.00