# L18000089057

(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



500359787875

02/18/21--01016--012 \*\*25.00



4/16/21

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: AMG Transport 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:
Amanda M Gant Name of Person
AMG Transport LLC Firm/Company
P.O. BOX 512 Address
San Antonio, FL 33576  City/State and Zip Code  amanda Di am contracting. com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
Amanda M Gant at (352) - 424 - 3212  Name of Person Area Code Daytime Telephone Number
inclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

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

The Articles of Organization for this Limited I		any as it now appears o Liability Company)	ı	Q , , ,
Florida document number <u>L 180000</u>		y were filed on/ (	2011 O 1 401	<u>O</u> and assigned
Florida document number L 100000	) 105 <u>7</u> .			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lial	pility company here:	:	
JJAM CONT	RACTI	MG	LLC	
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desig	nation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if appli	cable:	15117 L	ake Ida	RS
(Principal office address MUST BE A STREET ADDRESS)		Dade Ci	ì	33523
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	BOX)			7:3
				-11
		<del></del>	<del></del>	
D If				
B. If amending the registered agent and/or or agent and/or the new registered office addre	registered office	address on our reco	rds, enter the name o	f the new registere
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ss here:	address on our reco	rds, enter the name o	of the new registere
B. If amending the registered agent and/or of agent and/or the new registered office address.  Name of New Registered Agent:	registered office ss here:	address on our reco	rds, <u>enter the name o</u>	of the new registere
agent and/or the new registered office addre	registered office ss here:	address on our reco	la Rol	of the new registere
Name of New Registered Agent:	registered office ss here: 15117	Lake To Enter Florida s	Street address  Florida 3	3523
Name of New Registered Agent:  New Registered Address:	ss here: 15117 Dade	Lake To Enter Florida s City City	Street address  Florida 3	· · · · · · · · · · · · · · · · · · ·
	ss here: 15117 Dade	Lake To Enter Florida s City City	Street address  Florida 3	3523

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGB	Amanda III Gant	15117 Lake Iola Rd	□Add
		Dade City, FL 33523	<u> </u>
			Change
			_
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
	<u></u>		□Add
			□Remove
			□Change

		<del></del>			·-
				<del>_</del>	<del></del>
					<del></del>
<del></del>					<del></del>
				-	
<del></del>					-
	·	<u>-</u> -			
<del></del>					<del></del>
·	<del></del>	<del></del>			
		<del>.</del>			
		· .			
					<del></del>
Effective date, if other that if an effective date is listed, the done. If the date inserted in document's effective date on	late must be specific an this block does not	nd cannot be prior to o meet the applicable	date of filing or more that e statutory filing requ	(optional) n 90 days after filing.) Pu irements, this date wil	rsuant to 605.0207 ( not be listed as t
record specifies a delayed e d is filed.	effective date, but no	ot an effective time.	, at 12:01 a.m. on the	earlier of: (b) The 90	th day after the
Dated <u>Februar</u>	4 16th	, 2021			
	// 1	/ / . /	_4		
<del></del>	Signature of a	member or authorize	ed representative of a m	ember	

. . . .