

L180000 95 312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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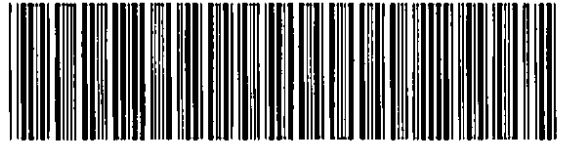
(Business Entity Name)

(Document Number)

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APPROVED
AND
FILED
2019 MAR 15 PM 6:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T.G.
03/25/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JREG & RUIZ 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:

JUAN ARTURO SALAZAR

Name of Person

MGR

Firm/Company

3611 27 AVE. SW

Address

NAPLES, FL 34117

City/State and Zip Code

JREGRUIZ.TRUCKING@GMAIL.COM

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

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TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

JUAN ARTURO SALAZAR

239 565-0403
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**

JREG & RUIZ 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 FLORIDA and assigned
Florida document number L18000095312.

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)

3611 27 AVE. SW

NAPLES, FL 34117

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3611 27 AVE. SW

NAPLES, FL 34117

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TALLAHASSEE, FL 32301

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:

JUAN ARTURO SALAZAR

New Registered Office Address:

3611 27 AVE. SW

Enter Florida street address

NAPLES


City

Florida 34117

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	JUAN ARTURO SALAZAR	3611 27 AVE. SW	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RUIZ VALENCIA, MARTHA P	2910 11TH ST W	<input type="checkbox"/> Add
		LEHIGH ACRES, FL 33976	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL 32399

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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FALLENBERRY, GORDON

E. Effective date, if other than the date of filing: _____ (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)

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.

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 03/12/2018 01:48 PM

Signature of a member or authorized representative of a member

Juan Arturo Salazar
Typed or printed name of signer

Typed or printed name of signer