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DIVISION OF CORPORATIONS

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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		CKING LLC		
30000	· · ·	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
		ondence concerning this matter	•	
		JOSUE GONZALEZ		
			Name of Person	
		JBG TRUCKING LLC		
			Firm/Company	
		359 CARINA CIR		
			Address	
		SANFORD, FL 32773		
			City/State and Zip Code	
		Josue 226 G	@ Gmail com	 ,
Carl Carl	out of the second		(to be used for future annual report notific	cation)
		oncerning this matter, please of	call:	
JOSUE	GONZALEZ		407 417-5436 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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)
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURIE Registration Section Division of Corporat Cliffon Building 2661 Executive Cent Tallahassee, FL 3230	tions)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		69
		ON C
		F CC
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		2:
		ယ င္က
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered orgistered agent and/or the new registered office address her	ffice address on our record	2: 13
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	is
		orida
	Cuy	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	JOSUE GONZALEZ	359 CARINA CIR	≅ Add
		SANFORD, FL 32773	□ Remove
			Change
			□ Add
			Remove
			Cl Change
			□ Add
			□ Remove
			Change
		•	Add
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ective date, if other to n effective date is listed, the te: If the date inserted cument's effective date	date must be specifing this block does	ic and cannot be p not meet the ap-	plicable statutor	ng or more than 90 ry filing requirer	(optional) days after filing.) P nents, this date wi	rusuant to 605.
record specifies a fi The 90th day after	delayed effecti the record is fi	ve date, but led.	not an effec	tive time, at	12:01 a.m. or	n the earlie
ed MAY 29		2018				
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Page 3 of 3

Filing Fee: \$25.00