# 118000 185165

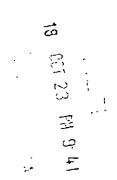
(Requestor's Name)
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## **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT: JN	Towing & To	ransporting Service	es LLC
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
		Name of Person	
		gd transporting S. Firm/Company	
		NW 34 are	
	Miam	City/State and Zip Code	
	E-mail address: (	cy_3@hotmail.C	om .
For further information conc	cerning this matter, please ca	all:	
Name of Po	Aeites.	at (305) 762- Area Code Daytime	Telephone Number
Enclosed is a check for the f	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**

(Name of the Limited Liability (A Florida L	jorting Serv	ices LLC	
(Name of the Limited Liability (A Florida L	Company as it now appear imited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 1800 185165</u>		8-2-2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company h	ere:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the c	lesignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		1
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ı our records, <u>enter</u>	the name of the no
Name of New Registered Agent:	Luis	fleites.	
New Registered Office Address:			
	Enter Flo	rida street address	
		, Florida	Zip Code
	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>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Change
			□ Remove
			☐ Change
			Add
		~ □ Remove	
			☐ Change
		□ Remove	
			Change
		Add	
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			Change
			Add
			☐ Remove
			☐ Change

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ective date, if other than the date of filing:	date of filing or more than 90 days after filing.) Pursuant to 605.02
record specifies a delayed effective date, but not a he 90th day after the record is filed.	on effective time, at 12:01 a.m. on the earlier
od October, 19 2018.	,
1	
Signature of a member or authorize	ed representative of a member

Page 3 of 3

Filing Fee: \$25.00