# 118000188964

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N. CAUSSEAUX OCT 1 - 2018

# **COVER LETTER**

TO: Registration S Division of Co			
J&V Tn	icking LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Jose Gonzalez	
	<del></del> _	Name of Person	<del> </del>
		J&V Trucking LLC	
		Firm/Company	
		354 S Barfield Hwy	
	<u> </u>	Address	
		Pahokee FI 33476	
	<del>-</del>	City/State and Zip Code	
		pepes34@hotmail.com	
	E-mail address: (	to be used for future annual report notifi	ication)
For further information	concerning this matter, please ca	all:	
Jose C	ionzalez	561 774-0588	
Name	of Person	at () 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

J&V Trucking LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 08/07/2018 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ Florida document number \_\_\_\_\_L18000188964 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

#### 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
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	09/22/201	8		
Fective date, if other than the neffective date is listed, the date mu	e date of filing:	or to date of filing or mor	(optional)	Pursuant to 605.02
ote: If the date inserted in this b	block does not meet the appli	cable statutory filing i	equirements, this date	will not be listed a
cument's effective date on the E	Department of State's record.	S.		
record specifies a delaye	ed effective date, but n	ot an effective tir	ne, at 12:01 a.m.	on the earlier
The 90th day after the red				
September 22	2018			
ited	· <del>-</del>	·		

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Typed or printed name of signee

Filing Fee: \$25.00