

L18000221891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

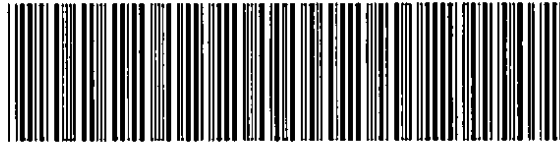
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500321392435

11/28/18--01020--006 **30.00

RECEIVED
NOV 28 PM 2:08
STATE
TALLAHASSEE, FLORIDA

RECEIVED
NOV 28 PM 2:34
DEPARTMENT OF STATE

RECEIVED
NOV 28 PM 2:46
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY

NOV 28 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JL'S SAAVY TRANS L.L.C.
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:

JANICE MCCLENDON

Name of Person

JL'S SAAVY TRANS L.L.C.

Firm/Company

P.O. BOX 592546

Address

ORLANDO, FL 32859

City/State and Zip Code

janicemcclendon30@gmail.com

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

For further information concerning this matter, please call:

JANICE MCCLENDON

Name of Person

at (954) 540-6473

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**

JL'S SAAVY TRANS L.L.C.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2018 NOV 28 PM 2:40
CLERK OF THE COURT
JASSEC, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on September 18, 2018 and assigned Florida document number L18000221891.

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)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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

Title	Name	Address	Type of Action
MGR	JANICE MCLENDON	5040 ROSAMOND DR APT. 2801	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32808	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JANICE LEFRANC	P.O. BOX 592546	<input type="checkbox"/> Add
		ORLANDO, FL 32859	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2019 MAY 28 PM 2:40
CLERK OF COURT
JANICE LEFRANC

2018 NOV 20
ST. LOUIS
MISSOURI
ST. LOUIS
MISSOURI

FILED
1918 NOV 28 PM 2:45
U.S. DISTRICT COURT
SOUTHERD DISTRICT
OF MISSISSIPPI
MEMPHIS

(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.

Dated 11/27/18, 2018

Signature of a member or authorized representative of the applicant

Signature of a member or authorized representative of a member

JANICE MCCLENDON

Typed or printed name of signee