## h18000 274026

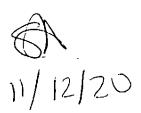
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |

Office Use Only



200352864242

\*2020 OCT -5 PH 1:1



## **COVER LETTER**

| SUBJECT: J&R                | 80 Cargo Se                                  | Ervices LLC ed Liability Company                                    | <del></del>  |
|-----------------------------|--|---|--|
|                             | mendment and fee(s) are subm                 | •   |  |
|                             | Jeisson J                                    | Gomez Delgade<br>Name of Person                                     | llo  |
|                             | J&R80 C                                      | argo Services LL  | · C  |
|                             | 12879 Suns                                   | tone Aue Apte   | 1107   |
|                             | Orlando Fl                                   | Orida 32832<br>City/State and Zip Code                              |  |
|                             | E-mail achiless: (to                         | ruices Egmail, com be used for future annual report notificat       | ion)   |
| For further information cor | ncerning this matter, please cal             | l:  |  |
| Jaisson J G<br>Name of I    | omez Delgadille<br>Person                    | at ( <u>786</u> ) <u>61210</u><br>Area Code Daytime Te              | 1 49<br>Jephone Number   |
| Enclosed is a check for the | following amount:                            |   |  |
| <b>念</b> \$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

TO:

Registration Section Division of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&R 80 Cargo Services LLC

| ( <u>Name of the Limited Liability Co</u><br>(A Florida Limi   | mpany as it now appears on our record<br>ted Liability Company) | <u>ds.</u> )                     |
|--|---|----------------------------------|
| The Articles of Organization for this Limited Liability Comp<br>Florida document number <u>L18000224026</u> .      | any were filed on September                                     | 20, 2018 and assigned            |
| This amendment is submitted to amend the following:  |   |                                  |
| A. If amending name, enter the new name of the limited   | liability company here:   | 2020 DC                          |
| The new name must be distinguishable and contain the words "Limited L  | liability Company," the designation "LLC                        | C" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  |   | · 5 F                            |
| (Principal office address MUST BE A STREET ADDRESS   | <u> </u>  | - FR D                           |
|  |   |                                  |
|  |   | ω                                |
| Enter new mailing address, if applicable:  | - <del> </del>  |                                  |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |                                  |
|  | ·   |                                  |
| B. If amending the registered agent and/or registered offi<br>agent and/or the new registered office address here: | ice address on our records, <u>enter</u>                        | r the name of the new registered |
| Name of New Registered Agent:  |   |                                  |
| New Registered Office Address:   |   |                                  |
|  | Enter Florida street addre.                                     | 388                              |
|  |   | lorida                           |
|  | 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 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   | Jeisson J Gomez Delgaik | 16 12879 Sunstone Aue  | □Adđ            |
|       |                         | Attion Orlando Florida | □ Remove        |
|       |                         | 32832                  | <b>A</b> Change |
|       |                         |                        | FILE Dange      |
|       |                         |                        | □ A <b>cts</b>  |
|       |                         |                        | □Change         |
|       |                         |                        | □Add            |
|       |                         |                        | □Remove         |
|       |                         |                        | □Change         |
|       |                         |                        | □Add            |
|       |                         |                        | □Remove         |
|       |                         |                        | □Change         |
|       |                         |                        | □Add            |
|       |                         |                        | □Remove         |
|       |                         |                        | Change          |

| -                        |  |
|--------------------------|--|
| -                        |  |
| _                        |  |
| -                        |  |
| -                        |  |
| -                        |  |
|                          | ZNZO QCT -5 PM   |
| _                        | 7 -5 P   |
| _                        |  |
| _                        |  |
| _                        | · σ  |
|                          |  |
| _                        |  |
| _                        |  |
| _                        |  |
| -                        | <del> </del>   |
| -                        | <del>_</del>   |
| i`an eft<br><u>Note:</u> | ive date, if other than the date of filing:  |
| recor<br>d is fi         | rd 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 led. |
| Dated                    | October 01 2020.   |
|                          | - Jame Jany  |
|                          | Signature of a member or authorized representative of a member   |
|                          | Teisson J Gomez Dalgadillo Typed or printed name of signe  |

Filing Fee: \$25.00