

L18000246255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

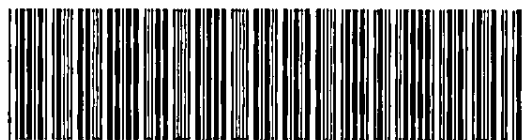
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

#25

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800334344678

09/28/19--01010--011 ++\$5.00

2019

AM10:16

Amend

DEC 07 2019

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JCM FREIGHT TRANSPORT, LLC
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:

Norlan J. Moncada
Name of Person

JCM Freight transport LLC
Firm/Company

8600 NW South River Dr
Address

Meadley, FL 33166
City/State and Zip Code

nmoncada2007@yahoo.es
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Norlan Moncada at (786) 381-6384
Name of Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2019

NORLAN J. MONCADA GONZALEZ 2ND MAILING
2735 W 61 PL
APT. 202
HIALEAH, FL 33016

SUBJECT: JCM FREIGHT TRANSPORT, LLC
Ref. Number: L18000246255

We have received your document for JCM FREIGHT TRANSPORT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 219A00021015

2019 DEC -3 PM 3:10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2019

NORLAN J. MONCADA GONZALEZ
8600 NW SOUTHRIVER DR
MEDLEY, FL 33166

SUBJECT: JCM FREIGHT TRANSPORT, LLC
Ref. Number: L18000246255

We have received your document for JCM FREIGHT TRANSPORT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 219A00021015

RECEIVED
2019 OCT 11 AM 11:26

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2017

AM10:110

JCM FREIGHT TRANSPORT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12-03-19 and assigned Florida document number 119000079771.

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)

50 Minorca Avenue
Coral Gables, FL 33134
#509

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Claudia J. Rodriguez

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:

Claudia J. Rodriguez

New Registered Office Address:

50 Minorca Avenue, Ste # 509

Enter Florida street address

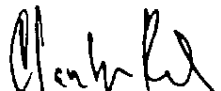
Coral Gables, Florida 33134

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Norlan J. Moncada	8600 NW South River	<input type="checkbox"/> Add
		Medley, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Claudia Rodriguez	50 Minorca Avenue	<input type="checkbox"/> Add
		Coral Gables, FL 33134	<input type="checkbox"/> Remove
		ste # 509.	<input checked="" 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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I would like to remove norlan Moncada and then leave Claudia but with the new address.

E. Effective date, if other than the date of filing: 12-3-19 (optional)

(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.

If the record 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 record is filed.

Dated 12-03-19 9:29AM

Signature of a member or authorized representative of a member

Claudia Rodriguez
Typed or printed name of signer