

L190000 77223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

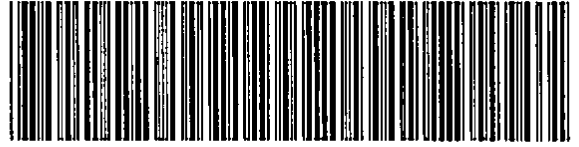
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



200327217382

04/05/19--01018--009 +\$35.00

RECEIVED
FEBRUARY 11 2019

19 APR 25 PM 12:49

FILED

04/25/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JUORTEG TRUCKING 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:

Juan G Ortega Sr.
Name of Person

JUORTEG TRUCKING LLC
Firm/Company

3356 EDGE HILL TERRACE
Address

PORT CHARLOTTE FL 33952
City/State and Zip Code

juortega1970@gmail.com
(E-mail address: (to be used for future annual report/notification))

For further information concerning this matter, please call:

Juan G Ortega Sr. at (786) 806-7122
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

A money order for \$35.00 was sent on April 4th.
Would like to please get a refund for the \$10.00
that were over paid. Thank You.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JUORTEG TRUCKING 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 March 19, 2019 and assigned Florida document number L19000077223.

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 "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)

FILED
APR 25 PM 12:49
TALLAHASSEE, FLORIDA

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:

N/A
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.

N/A
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>
MGR	Jose A. Perdigon	4700 Nopal St. Clewiston FL. 33440	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

19
APR 25
PM 10:49
FILED
STATE
OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF HIGHLAND

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

Handwritten signature: *[Signature]*

FILED
APR 25 PM 12:49
19
DEPARTMENT OF STATE
WASHINGTON, DC 20520

E. Effective date, if other than the date of filing: April 2nd 2019 (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 April 18 2019

[Signature]
Signature of a member or authorized representative of a member

Juan C. Ortega Sr.
Typed or printed name of signer