

L19000 154579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2019 SEP 17 PM 2:34
Sec. 2019
TALLAHASSEE, FL

SEP 17 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FOUR J TRANSPORTATION, 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:

JEAN CLAUDE MEUS

Name of Person

FOUR J TRANSPORTATION, LLC

Firm/Company

1800 NE 2ND CT

Address

BOYTON BEACH, FL 33435

City/State and Zip Code

VANDAMME967@GMAIL.COM

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

For further information concerning this matter, please call:

JEAN CLAUDE MEUS

561

232-4179

at (_____) _____

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

RECEIVED
2019 SEP 17 10:00
CLERK

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

FOUR J TRANSPORTATION, 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 06/11/2019 and assigned
Florida document number L19000154579.

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)

1800 NE 2ND CT

BOYTON BEACH, FL 33435

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1800 NE 2ND CT

BOYTON BEACH, FL 33435

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:

JEAN-CLAUDE MEUS

New Registered Office Address:

1800 NE 2ND CT

Enter Florida street address

BOYTON BEACH

City

Florida 33435

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 add 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	JEAN-CLAUDE MEUS	1800 NE 2ND CT	<input checked="" type="checkbox"/> Add
		BOYTON BEACH, FL 33435	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	JEAN CLAUDE MEUS	1800 NE 2ND CT	<input type="checkbox"/> Add
		BOYTON BEACH, FL 33435	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	JEAN CLAUDE MEUS	1800 NE 2ND CT	<input type="checkbox"/> Add
		BOYTON BEACH, FL 33435	<input checked="" 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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

NA

Filing Fee: \$25.00