

L19000208075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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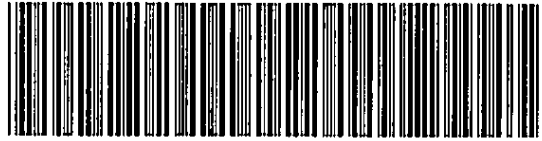
(Business Entity Name)

(Document Number)

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LLC
Amend.

11/21/19
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2019

BARBARA FERNANDEZ
2 W MONUMENT AVE STE 203
KISSMMEE, FL 34741

SUBJECT: JC JANS RELIABLE TRANSPORTATION LLC
Ref. Number: L19000208075

We have received your document for JC JANS RELIABLE TRANSPORTATION LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 519A00022233

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

JC JANS RELIABLE 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 AUGUST 15, 2019 and assigned
Florida document number L19000208075.

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)

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JESUS M CARMONA APONTE	1606 PILCHARD CT	<input type="checkbox"/> Add
		KISSIMMEE, FL 34759	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JOHANN CASTELLANO MATOS	1606 PILCHARD CT	<input type="checkbox"/> Add
		KISSIMMEE, FL 34759	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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E. Effective date, if other than the date of filing: _____ (optional)

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.

(b) The 90th day after the record is filed.

Jesus M. Carmona Aponte
Signature of a member of the

Signature of a member or authorized representative of a member

Typed or printed name of signee