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(Req	uestor's Name	e)
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☐ PICK-UP	☐ WAIT	MAIL
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Office Use Only



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SECRETARY OF STAIL
FALLAHASSEE, FILES

COVER LETTER

TO:

Registration Section Division of Corporations

JH MARII SUBJECT:	E'S TRUCKING LLC		
	Name of Li	mited Liability Company	-
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	HUMBERTO MARTINE	Z	
	-	Name of Person	
	JH MARIE'S TRUCKING	7 LLC	
		Firm/Company	
	505 AVENIDA DEL MA	ZE	
		Address	
	SOUTH BAY, FL 33493		
		City/State and Zip Code	
	E-mail address:	to be used for future annual report no	tilication)
For further information c	concerning this matter, please o	all:	
HUMBERTO MARTIN	EZ	561 985-0556	
Name of Person		at () Area Code Daytin	me Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sc	ection
Division of C	orporations	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, F	L 32314	2415 N. Monro	oe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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JH MARIE'S TRUCKING LLC

SECRETARY OF STAIR

(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 ona	and assigned
Florida document number L19000230921	
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 abbreviat	ion "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)	
B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here:	ie new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this being filed to merely reflect a change in the registered office address. I hereby confirm that the limited lacompany has been notified in writing of this change.	ir with and document is

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>	Address	Type of Action
MGR	JUANITA MARTINEZ	505 AVENIDA DEL MAZE	□Add
		SOUTH BAY, FL., 33493	
			□Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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s filed.	rifies a delayed									ı day after t
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Filing Fee: \$25.00