

L19000237364

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : RC TAX SERVICE LLC
Account Number : I28140000083
Phone : (407)932-0040
Fax Number : (407)520-5473

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JPL PRODUCT DISTRIBUTOR LLC**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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OCT - 2 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JPL PRODUCT DISTRIBUTOR 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:

LIZETH CALLE

Name of Person

JPL PRODUCT DISTRIBUTOR LLC

Firm/Company

703 THOUSAND OAKS BLVD

Address

DAVENPORT, FL 33896

City/State and Zip Code

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

For further information concerning this matter, please call:

LIZETH CALLE

954

644-3467

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

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

JPL PRODUCT DISTRIBUTOR LLC

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

19 OCT -2 PM 11:4
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/19/2019 and assigned
Florida document number L19000237364.

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:

703 THOUSAND OAKS BLVD

(Principal office address MUST BE A STREET ADDRESS)

DAVENPORT, FL 33896

Enter new mailing address, if applicable:

703 THOUSAND OAKS BLVD

(Mailing address MAY BE A POST OFFICE BOX)

DAVENPORT, FL 33896

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:

CALLE, LIZETH

New Registered Office Address:

703 THOUSAND OAKS BLVD

Enter Florida street address

DAVENPORT

City

Florida 33896

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	CALLE, LIZETH		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		703 THOUSAND OAKS BLVD DAVENPORT, FL 33896	<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
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			<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.)*

19 OCT -2 PM 11:50

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (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 OCTOBER 2ND

2019

Signature of a member or authorized representative of a member

LIZETH CALLE

Typed or printed name of signer