

L19 000237911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Amend

11 17 14--011 14--004
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A&J EXTREME TRANSPORT 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:

JOHANNIE JIMENEZ FERNANDEZ

Name of Person

A&J EXTREME TRANSPORT LLC

Firm/Company

186 TIMBERPARK DR

Address

DAVENPORT FL 33837

City/State and Zip Code

ajextremetransport@gmail.com

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

For further information concerning this matter, please call:

JOHANNIE JIMENEZ

321 3101874

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

19 OCT 15 AM 8:45

STATE
DIVISION OF
CORPORATIONS

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

A&J EXTREME TRANSPORT 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 09/20/2019 and assigned
Florida document number L19000237911.

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)

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	ANTONIO R ORTIZ	186 TIMBERPARK DR	<input checked="" type="checkbox"/> Add
		DAVENPORT FL 33837	<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"/> Change

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

Can you please add my other last name (Fernandez), cause my driver license show like that.

JOHANNIE JIMENEZ FERNANDEZ

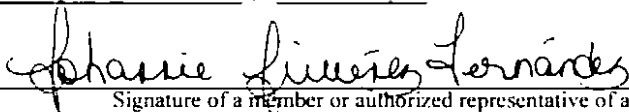
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 10 - 10 , 2019 .



Signature of a member or authorized representative of a member

Johannie Jimenez Fernandez

Typed or printed name of signee

Florida

DRIVER LICENSE



IDENTIFICATION NUMBER: J552-420-73-786-0 CLASS E

JIMENEZ FERNANDEZ
JOHANNIE
3917 NANCY CT
KISSIMMEE, FL 34759-3803

DOB: 08/06/1973 SEX: F SAFE DRIVER
EXP: 08/06/2026 HGT: 5'-04"
EYES: NONE HAIR: A

EXP: 07/31/2018
SCD: 001807310003



Operation of a motor vehicle constitutes
consent to the sobriety test required by law.