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COVER LETTER

	ration Section n of Corporations	
J & SUBJECT:	S BUSINESS TRUCKING LLC	
	Name of L	imited Liability Company
The enclosed Art	ticles of Amendment and fee(s) are s	ubmitted for filing.
Please return all	correspondence concerning this matt	er to the following:
	CARF	OONA LOPEZ,OSCAR A
	<u></u>	Name of Person
	J & S B	USINESS TRUCKING LLC
		Firm/Company
	11725	S COLLIER BLVD A-1
		Address
	NA	PLES.FLORIDA 34116
	 ,	City/State and Zip Code
	-	CASAHISPANANAPLES.COM /
		: (to be used for future annual report notification)
For further infori	mation concerning this matter, please	call:
CARDONA LOI	PEZ.OSCAR	239 239-610-0920 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:	
☐ \$25.00 Filing	g Fee \$\frac{4}{5}30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	Address: ration Section on of Corporations ox 6327 assee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J & S BUSINESS TRU	JCKING LLC	
(Name of the Limited Liability Compa (A Florida Limited	ony as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000250877	were filed on 10/04/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
AND SIGENERAL BUSINESS ENTERPRISES ELC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	4100 CORPORATE SQUARE SUITE 129	
Principal office address MUST BE A STREET ADDRESS)	NAPLES.FLORIDA 34104	
Enter new mailing address, if applicable:	4100 CORPORATE SQUARE SUITE 12	29
Mailing address MAY BE A POST OFFICE BOX)	NAPLES,FLORIDA 34104	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name</u>	of the new regist
rame of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	, Florida	(0)
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			[] Change
			□Remove
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lf an effe <u>Note:</u> T	re date, if other than the date of filing: (20) 2021 (optional) tive 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 filed the inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
record d is file	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 d.
S . 1	613912021
Jated _	
Jated _	1 (include
Dated _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00