

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| -customer adult me |
| DEWAYS OF TO CHOICE |
| name of hisness. |
| J. HORNE 9/2 |
| SEP - 2 2022 Office Use Only |



11/01/21--01022--004 **25.00



COVER LETTER

| TO: Registration So Division of Cor | | | |
|---|--|---|--|
| | Transportation LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | David J Hirst | | |
| | | Name of Person | |
| | J & D Auto Transportation | LLC | |
| | | Firm/Company | |
| | -1100 SW | 44th Way | |
| | | Address | |
| | - Deci Get | Gity/State and Zip Code | <u>-132901</u> |
| | davidhirst2121@gmail.com | | |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information of | concerning this matter, please c | all: | |
| DAVID J HIRST | | 954 804-2397 | |
| Name (| of Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addre | | Street Address: Registration Sc | ection |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | |
| P.O. Box 633 | 27 | The Centre of | Tallahassee |
| Tallahassee. | FL 32314 | 2415 N. Monre | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 SEP - 1 PM 2: 45

| J & D Auto Transportation LLC | SECRETARY OF STATE | |
|--|---|--|
| (Name of the Limited Liability Compa (A Florida Limited | inv as it now appears on our recordIALL AHASSEE. FLC: | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L20000184737</u> . | were filed on 10/22/2021 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: | |
| JED THICKING LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 2637 EAST ATLANTIC BLVD | |
| (Principal office address MUST BE A STREET ADDRESS) | SUITE 1313 | |
| | POMPANO BEACH FL 33062 | |
| Enter new mailing address, if applicable: | 2637 EAST ATLANTIC BLVD | |
| (Mailing address MAY BE A POST OFFICE BOX) | SUITE 1313 | |
| | POMPANO BEACH FL 33062 | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | address on our records, enter the name of the new registered | |

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.

City

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 = ManagerAMBR = Authorized Member Title Name VPDonald J Hirst Address 1618 NW VALLEE STREET Type of Action PALM BAY, FL 32907 - \Box AddAMOR Remove Josiane Jacques-Hirst 2637 East Atlantic Blvd ——— Change Suite #1301 David Hiest Pompano Beach, FL 33062 ———— Change \Box Add _____ □Remove ——— ‡ Change □ Remove ———— ©Change ——— DAdd ——— □Remove

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| ote: | ive date, if other than the date of filing: |
| recor Lis fil | d 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 led. |
| ated . | 00000 22ml 2021 |
| | Signature of a member or authorized representative of a member |
| | Name to the programmer of a support was positive and a member |