LZO 000232100

| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Stanios Live, Name) |
| (Daniel and Musel and |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| | Registration Se Division of Cor | | | | | | |
|-----------|--|---|--|--------------|------------|---------------|------------------------------|
| CUD IL | CJK Haulin | g LLC | | | | | |
| SUBJEC | | Name of Limi | ited Liability Company | | | | |
| The encl | osed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | | | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | | | | |
| | | Charles Saunders | | | | | |
| | | | Name of Person | | | | |
| | | | Firm/Company | | | | |
| | | 13708 Kansas Ave | | | | | |
| | | <u> </u> | Address | | | | |
| | | Astatula FL 34705 | | | | | |
| | | | City/State and Zip Code | | | | |
| | | kelly.klump@yahoo.com | | | € • | 2 | |
| For furtl | her information c | E-mail address: (oncerning this matter, please co | to be used for future annual report notificationall: | on) | TALL | 2020 SEP | |
| Kelly K | lump | | 203 687-3309 at () | | | 0 1 | e i mand 1 1 1 1 |
| | Name o | f Person | | phone Number | | AM 6 | |
| Enclose | d is a check for t | he following amount: | | | | 6: 3 3 | |
| ■ \$25 | Certificate of Status Certified Copy Cert (additional copy is enclosed) Certified Copy | | Certified | te of Status | | | |
| | Mailing Address Registration | | Street Address: Registration Section | l | | | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

| CJK Hauling LLC | | | |
|--|---|-------------------|-----------|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it now appears on our records.) Limited Liability Company) | | |
| The Articles of Organization for this Limited Liability Co Florida document number L20000232100 | ompany were filed on 8/03/2020 | and a | ssigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "LLC" or th | ne abbreviation " | L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRI | ESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | · · · · · · · · · · · · · · · · · · · | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, enter the r | 2020 SEC TA | ew regist |
| Name of New Registered Agent: | | SEP SEP | 77 |
| New Registered Office Address: | | 37 H. | 144a |
| Negisters office Hamesin. | Enter Florida street address, Florida City | (A) AH 6 | |
| | , Florida | - Zip Edd | le |
| | C.1.) | 1 | • |

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 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 |
|--------------|------------------|-------------------------------------|-------------------|
| AMBR | Charles Saunders | 13708 Kansas Ave, Astatula FL 34705 | = Add |
| | | | □Remove |
| | | | |
| MGR | Kelly Klump | 13708 Kansas Ave, Astatula FL 34705 | □Add |
| | | | □Remove |
| | | | |
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| Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applica | o date of filing or mor | e than 90 days after fi | ling.) Pursua late will no | nt to 605.0207 |
| document's effective date on the Department of State's records. | | | | · ov more us |
| record specifies a delayed effective date, but not an effective tin | ne, at 12:01 a.m. on | the earlier of: (b) | The 90th o | day after the |
| d is filed. | • | (-, | | , |
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| 09/01/2020 Dated | | | | |
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Filing Fee: \$25.00