

L20 000252903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

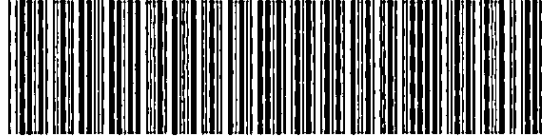
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STATE OF FLORIDA
TALLAHASSEE, FL

2020 SEP 24 PM 12:29

RECEIVED

D. BRUCE
NOV 01 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J & C ELITE TRUCKING
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:

JUSTIN MAROIS
Name of Person

J & C ELITE TRUCKING
Firm/Company

5339 PLANTATION HOME WAY
Address

PORT ORANGE, FL 32128
City/State and Zip Code

JUSTINMAROIS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUSTIN MAROIS at (386) 214-7009
Name of Person Area Code Daytime Telephone Number

SECTION 20
TALLAHASSEE, FL

2020 SEP 24 PM 12: 29

FILED

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 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&C ELITE TRUCKING 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 08/17/20 and assigned Florida document number L20000252903.

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)

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2020 SEP 21 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FL

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	JUSTIN MAROIS	5339 PLANTATION	<input checked="" type="checkbox"/> Add
		HOME WAY	<input type="checkbox"/> Remove
		PORT ORANGE, FL 32128	<input type="checkbox"/> Change
AMBR	CANDICE MAROIS	5339 PLANTATION	<input type="checkbox"/> Add
		HOME WAY	<input type="checkbox"/> Remove
		PORT ORANGE, FL 32128	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2020 SEP 24 PM 12:29
 FALLAWAY DEPT
 5000 N. UNIVERSITY
 TALLAHASSEE, FL

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

WHEN THE LLC WAS FILLED, IT WAS FILLED IMPROPERLY BY SUNBIZ. THE LLC NEEDS TO BE FILLED AS STATED, JUSTIN MAROIS AS THE MANAGER AND CANDICE MAROIS AS AN AUTHORIZED MEMBER. ACCORDING TO THE ARTICLES FILLED CANDICE MAROIS WAS TITLED AS THE "AP". WHEN THE LLC WAS CREATED THE PROPER TITLES WERE CHOSEN, SO I DON'T UNDERSTAND HOW THIS WAS CHANGED. THE LLC CANNOT BE PROPERLY SET UP WITH A BUSINESS ACCOUNT UNTIL THIS ISSUE IS RESOLVED. THANK

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL

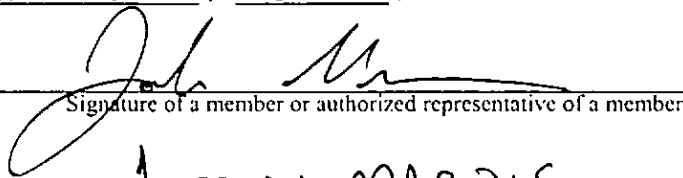
E. Effective date, if other than the date of filing: _____ (optional)

(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 SEPTEMBER 18, 2020.


Signature of a member or authorized representative of a member

JUSTIN MAROIS
Typed or printed name of signee