L20000267986

(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:

Ms. Santulne Left message to place AMBR as title on the Amendment form on 1/22/21 Returned her call.

Office Use Only

300355235513 ✓

RECEIVED
NOV 23 2020

11/24/20--01004--012 **30.00

S TALLENT
JAN 22 2021

2021 JAN 22 PM 9:02

Amend

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2021

JEANNIO SAINTVILME
JA.JH. TRUCKING TRANSPORT. LLC
1551 NE 167TH ST APT # 602S
NORTH MIAMI BEACH, FL 33162

SUBJECT: JAJH.TRUCKING TRANSPORT. LLC
Ref. Number: L20000267986

We have received your document and check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

MR IS NOT AN ACCEPTABLE TITLE. PLEASE USE THE TITLES LISTED ON THE FORM ABOVE AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 921A00000579

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: JAJH.TRUCKING 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:

JEANNIO SAINTVILME
Name of Person

JAJH.TRUCKING TRANSPORT LLC
Firm/Company

1551 NE 167TH ST APT# 602S
Address

NORTH MIAMI BEACH, FL 33162
City/State and Zip Code

JACKY.ALCIUS@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEANNIO SAINTVILME at (857) 366-3362
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 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

JAJH.TRUCKING 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 8/28/2020 and assigned Florida document number L20000267986.

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)

1551 NORTH EAST 167TH ST APT 602S
NORTH MIAMI BEACH, FL
33162

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

P.O BOX 612031
MIAMI, FL
33261

2021 JAN 22 AM 9:02

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

Title	Name	Address	Type of Action
AMBR	JEANNIO SAINTVILME	1551 NE 167TH APT# 602S	☒ Add
		NORTH MIAMI BEACH FL 33162	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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 11-16-2020 . 10:20 AM .

Signature of a member or authorized representative of a member

JACQUELINE ALCIUS

Typed or printed name of signer

Filing Fee: $25.00