L20000298923

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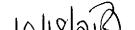
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COVER LETTER

TO: Registration Section

Division of Cor	porations		ar - \$*
	Jay Larues	Trucking "LLC"	•
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Jonathan L. Prevot Jr	
		Name of Person	
	J;	ay Larue's Trucking LLC	
		Firm/Company	
		3644 Wilson Blvd West	
		Address	
		Jacksonville Fl 32	210
	Jayl	City/State and Zip Code aruestrucking@gmail.com	
	E-mail address: (to be used for future annual report not	ification)
For further information co	oncerning this matter, please c	all:	
Jonat	han L. Prevot Jr	at (904) 994-7011	l
Name o	f Person		ne Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sign Section S
Mailing Addres Registration S		Street Address: Registration Se	ection
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 632	7	The Centre of	P.
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jay Larue's Trucking LLC"	
(Name of the Limited Liability Company as it now ar (A Florida Limited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed or Florida document numberL20000298923	September 22, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y here:
Jay Larue's Trucking LLC	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "L.I.C" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:	
AD THE STATE OF A CONTROL ADDRESS.	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on o	ur records, <u>enter the name of the new registere</u>
agent and/or the new registered office address here:	٠
	2
Name of New Registered Agent:	
New Registered Office Address:	- U
	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 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>	Type of Action
MGR	Rashanika Prevot	3644 Wilson Blvd West	□ Add
			Remove
			Change
			□Add
		□Remove	
			☐ Change
		□Add	
			□Remove
			Change
			🗀 Add
		□Remove	
			Change
			□Add
		□Remove	
			☐ Change
	.		
			Remove
			□Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
fan effectiv <u>Note:</u> If th	date, if other than the date of filing:
record sp d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	September 28 2021
	Clarke CA
	Signature of a member or authorized representative of a member
	Jonathan L. Prevot Jr
	Typed or printed name of signee