

L20000329345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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APR 28 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 4, 2021

SUZANNE RANDALL  
140 SW 8TH AVE  
DELRAY BCH, FL 33444

SUBJECT: JC FIRST CLASS TRUCKING LLC  
Ref. Number: L20000329345

We have received your document for JC FIRST CLASS TRUCKING LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 121A00004668

Rec 3/29

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

JC First Class Trucking LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 10/19/20 and assigned  
Florida document number L20000329345

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)

**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:

Keith Clemons

New Registered Office Address:

140 SW 8th Avenue

Enter Florida street address

Delray Beach

City

Florida

33444

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.*

Keith Clemons

**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

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| <u>Title</u> | <u>Name</u>            | <u>Address</u>                   | <u>Type of Action</u>                      |
|--------------|------------------------|----------------------------------|--|
| <u>ambr</u>  | <u>Keith Clemons</u>   | <u>1272 Coast Ave SW</u>         | <input type="checkbox"/> Add               |
|              |                        | <u>Port Saint Lucie FL 34953</u> | <input checked="" type="checkbox"/> Remove |
|              |                        |                                  | <input type="checkbox"/> Change            |
| <u>ra</u>    | <u>Marc Randall</u>    | <u>140 SW 8th Ave</u>            | <input type="checkbox"/> Add               |
|              |                        | <u>Delray Beach FL 33444</u>     | <input checked="" type="checkbox"/> Remove |
|              |                        |                                  | <input type="checkbox"/> Change            |
| <u>ra</u>    | <u>Keith Clemons</u>   | <u>140 SW 8th Ave</u>            | <input checked="" type="checkbox"/> Add    |
|              |                        | <u>Delray Beach FL 33444</u>     | <input type="checkbox"/> Remove            |
|              |                        |                                  | <input type="checkbox"/> Change            |
| <u>owner</u> | <u>Suzanne Randall</u> | <u>140 SW 8th Avenue</u>         | <input checked="" type="checkbox"/> Add    |
|              |                        | <u>Delray Beach, FL 33444</u>    | <input type="checkbox"/> Remove            |
|              |                        |                                  | <input type="checkbox"/> Change            |
|              |                        |                                  | <input type="checkbox"/> Add               |
|              |                        |                                  | <input type="checkbox"/> Remove            |
|              |                        |                                  | <input type="checkbox"/> Change            |
|              |                        |                                  | <input type="checkbox"/> Add               |
|              |                        |                                  | <input type="checkbox"/> Remove            |
|              |                        |                                  | <input type="checkbox"/> Change            |

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

N/A

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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

3/26 . 21

Signature of a member or authorized representative of a member

Suzanne Randall

Typed or printed name of signee

Filing Fee: \$25.00