Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000076491 3)))



H240000764943ABC4

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<u>:</u>	To:	Division of Corporations Fax Number : (850)617-6383	
•• •	From:	Account Name : LEGALZOOM.COM INC. Account Number : 120010000062 Prone : (323)962-8600 Fax Number : (323)962-3889	II FEB 24
 	annu	ne email address for this business entity to b al report mallings. Enter only one email addre	ess please. ***
	Emai	l Address:	<del></del>

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JMF HAULING LLC

Certificate of Status	0
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2/25/21

From: Sylvia Pault

## **COVER LETTER**

TO: Registration Se		•	
JMF HAU	ILING LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Cheyenne Moseley		
	<u></u>	Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N. Brand Blvd., 11th	n Floor	
		Address	
	Glendale, CA 91203		
		City/State and Zip Code	
•	jmfhaulingllc@gmail.con		·
	E-mail address: (1	o be used for future annual report no	lification)
For further information of	concerning this matter, please ca	ll:	
Imelda Vasquéz		800 773-0888	ext. 9724
Name o	of Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Fiting 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To: 18505176380

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000374669</u>	were filed on 11/30/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	601 E 24th St	
(Principal office address MUST BE A STREET ADDRESS)	Lynn Haven, Florida 32444	<u> </u>
		202
Enter new mailing address, if applicable:		FB 2
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>s</u> e:	H 1
Name of New Registered Agent:	·	
New Registered Office Address:	D. Divil	
	Enter Floridu street address	
	, Florid	da
	City	Esp Coue

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

LegalZoom.com. Inc.

Page: 5 of 6

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Add
			□ Remove
		;	
			D Add
			Remove
			<del></del>
			Add
			□ Remove
	<u> </u>		
			Remove
			<del></del>
			□ Add
			☐ Remove

If amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	·
Effective date (The effective date the date this docu	if other than the date of filing:
Dated	February 10th , 2021
··-	Smature of a member or authorized representative of a member
	Javier A. Fallon

Page 3 of 3

Filing Fee: \$25.00