

L21000057471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

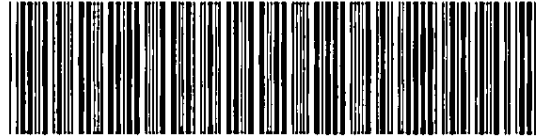
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JULIA E. HARRIS

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: P & J UNITED TRANSPORTATION 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:

MAYLEN FALCON

Name of Person

EXTREME QUALITY GROUP INC

Firm/Company

780 THORPE RD. STE 2

Address

ORLADO FL 32824

City/State and Zip Code

EXTREMEQUALITYGROUP@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAYLEN FALCON

Name of Person

407

at ( )

Area Code

985-2417

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

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

P & J UNITED TRANSPORTATION 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 02/02/2021 and assigned  
Florida document number L21000057471.

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:**

13867 OSPREY LINKS RD. UNIT 158

**(Principal office address MUST BE A STREET ADDRESS)**

ORLANDO, FL 32837

**Enter new mailing address, if applicable:**

13867 OSPREY LINKS RD. UNIT 158

**(Mailing address MAY BE A POST OFFICE BOX)**

ORLANDO, FL 32837

**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:

PEDRO E BANDES

New Registered Office Address:

13867 OSPREY LINKS RD. UNIT 158

*Enter Florida street address*

ORLANDO

Florida

32837

*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>
AMBR	PEDRO E BANDES	68 BRADHURST AVE. APT 7V	<input type="checkbox"/> Add
		NEW YORK NY 10039	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	NORKA S BANDES	13867 OSPREY LINKS RD. UNIT 158	<input type="checkbox"/> Add
		ORLANDO FL 32837	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Jonathon C White	68 BRADHURST AVE. APT 7V	<input type="checkbox"/> Add
		NEW YORK NY 10039	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Alexis Javier Acosta Amell	13867 OSPREY LINKS RD. UNIT 158	<input type="checkbox"/> Add
		ORLANDO FL 32837	<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

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JULIA

**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.

Dated FEBRUARY 26 2021


Pedro E Bandes

**Filing Fee: \$25.00**

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STATIONER'S OFFICE

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Dated February 24 2021 

Podro E Bander

Typed or printed name of signee

**Filing Fee: \$25.00**