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## **COVER LETTER**

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Registration Section

Tallahassee, FL 32314

Division of Corporations Juelz Truckingz LLC BJECT: Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: ROCHNY JULES Name of Person JUELZ TRUCKINGZ Firm/Company 5401 NW 61ST PL Address TAMARAC, FL 33319 City/State and Zip Code JUELZTRUCKINGZ@GMAIL.COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: CHNY JULES 5487602 Daytime Telephone Number Name of Person losed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

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

JUELZ TRUKINGZ

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he Articles of Organization for this Limited Liability Company were filed on FEBRUARY 22, 2021 and assigned lorida document number L21000086775 his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  Enter Florida street address  Florida  Zip Code  Sew Registered Agent's Signature, if changing Registered Agent:	(A Fiorida Ellinted I	павину Сотрапу)	* * * * * * * * * * * * * * * * * * * *	£
his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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)  8. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida Tip Code  Tip Code	he Articles of Organization for this Limited Liability Company lorida document number L21000086775	were filed on FEBRU.	ARY 22, 2021	and assigned
he new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  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 and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida treet address  Florida  Zip Code				
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 address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida	If amending name, enter the new name of the limited liab	ility company here:		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Zip Code	he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designa	tion "LLC" or the abb	reviation "L.L.C."
Enter new mailing address, if applicable:    Mailing address MAY BE A POST OFFICE BOX	nter new principal offices address, if applicable:			
Enter new mailing address, if applicable:    Mailing address MAY BE A POST OFFICE BOX	Principal office address MUST BE A STREET ADDRESS)			
New Registered Office Address:    Enter Florida street address	Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office a			
Enter Florida street address  Florida  City Zip Code	Name of New Registered Agent:		-	
Florida	New Registered Office Address:			
· · · · · · · · · · · · · · · · · · ·		Enter Florida str	vet address	
·		<del></del>	Florida	
		City		Zip Code

Thereby 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

removed	l from our records:		
GR = M $MBR = A$	Aanager Authorized Member		
itle	<u>Name</u>	Address 2021 HA	12 AH 9: 40
GR	JULES ROCHNY	5401 NW 61ST PL TAMARAC FL	<u></u>
			□ Remove
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.MBR	JULES JEFF	309 SW 7TH CT HALLANDALE, I	FL 33009 □Add
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	(optional) of the prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 ( the applicable statutory filing requirements, this date will not be listed as to records.
cord specifies a delayed effective date, but not an ef s filed.	fective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed MARCH 3 . 201	21
Vignature of a member	er or authorized representative of a member
ROCHNY JULES	Rockny Jules