

h21000109586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

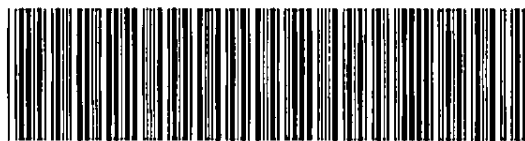
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

~~EST-112~~
R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TITANS TRUCKING & LOGISTICS, I.L.C.

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:

JOAO E COSTA G

Name of Person

TITANS TRUCKING & LOGISTICS, I.L.C

Firm/Company

6838 AXIS WEST CIRCLE - STE 2216

Address

ORLANDO, FL 32821

City/State and Zip Code

joaocosta.usa@outlook.com

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

For further information concerning this matter, please call:

JOAO E. COSTA G.

407

973-5293

Name of Person

at ()

Area Code

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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2022 OCT 17 AM 6:23
CLERK OF STATE
TALLAHASSEE, FL

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

TITANS TRUCKING & LOGISTICS 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 03/08/2021 and assigned
Florida document number L21000109586.

This amendment is submitted to amend the following:

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

JXD TRUCKING, LLC

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)

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TALLAHASSEE, FL

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:

New Registered Office Address:

6838 AXIS WEST CIRCLE - APT 2216

Enter Florida street address

ORLANDO

City

Florida

32821

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>	<u>Type of Action</u>
AMGR	DANIEL COSTA	6838 AXIS WEST CIRCLE - APT 2216	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32821	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOAO E COSTA G	6838 AXIS WEST CIRCLE - APT 2216	<input type="checkbox"/> Add
		ORLANDO, FL 32821	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LUCIANE M. COSTA B	6838 AXIS WEST CIRCLE - APT 2216	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32821	<input type="checkbox"/> Remove
			<input checked="" 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

2027 OCT 17 AM 6:23
CLERK OF STATE
TALLAHASSEE, FL

2022 OCT 17 AM 6:23
CLARK COUNTY
CLARK COUNTY, FL

2012 OCT 17 AM 6:23
HARRY OF STATE
ANNASSET.FL

(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)

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

October 4th. 2022

Signature of a member or authorized representative of a member

JOAO E. COSTA G

Typed or printed name of signee