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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:	Jip Trucking	g Two LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	ali correspo	ndence concerning this matter	to the following:	
		Ricardo Rivera Salicrup		
		·	Name of Person	
		Jip Trucking Two LLC		
			Firm/Company	
		943 Mozart Drive		
			Address	
		Orlando Florida 32825		
			Name of Person  LLC  Firm/Company  Address  2825  City/State and Zip Code nail.com address: (to be used for future annual report notification)  please call:	
		jiptruckingtwo@gmail.com	to be used for future annual report no	tification)
For further i	nformation co	oncerning this matter, please ca		,
Ricardo Riv	era Salicrup		- 4 /	
	Name of	i Person	Area Code Daytir	ne Telephone Number
Enclosed is:	a check for th	ne following amount:		
<b>■</b> \$25.00 )	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &
	iling Addres gistration S		Street Address: Registration So	ection

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Registration Section

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jip Trucking Two LLC			
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on nited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on $\frac{3/16/21}{1}$		_ and assigned
lorida document number L21000124607			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	liability company here:		
ne new name must be distinguishable and contain the words "Limited	Liability Company." the design	ation "LLC" or the abbro	eviation "L.L.C."
nter new principal offices address, if applicable:			. =44
Principal office address MUST BE A STREET ADDRES.	<u></u>		
		t	<u></u>
		5	NUG
nter new mailing address, if applicable:			<u>6</u>
failing address MAY BE A POST OFFICE BOX)		V."	~
			P
			- μ
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our record	ds, enter the name:	of the new regist
Name of New Registered Agent:	<del></del>		<del></del> -
New Registered Office Address:			
	Enter Florida street address		
	<u> </u>	, Florida	
	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 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>	Address	Type of Action
MGR	Ricardo Rivera Salierup	943 Mozart Drive	<b>≣</b> Add
		Orlando, Florida 32825	□Remove
			□ Change
MGR	Jip Trucking Two, LLC	943 Mozart Drive	
		Orlando, FL 32825	■Remove
		<del></del>	☐ Change
<del></del>			No.
		·	P □ Remove  3. O □ Change
			□ Add
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			□Remove
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ctive date if other	than the date of filir	na.		(antional)	
effective date is listed, th	he date must be specific ar	nd cannot be prior to dat	e of filing or more than 90	days after filing.) Purs	uant to 605.02
e: If the date inserted iment's effective date	I in this block does not c on the Department of	meet the applicable : State's records	statutory filing requirem	ents, this date will i	tot be listed
		Country of the Countr			
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filed.	ed effective date, out ne	A an enecave time, t	it 12.01 a.m. on me ean	iei or. (b) The 90th	i day anei u
7/26/21 ed					
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Typed or printed name of signee