

L21 000 145503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

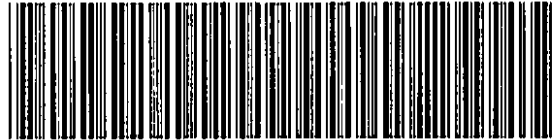
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21 APR 26 PM 3:42

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U.S. DEPT. OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JACINTO EXPRESS 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:

YOHAN JACINTO IZQUIERDO

Name of Person

JACINTO EXPRESS LLC

Firm/Company

1280 WEST 40TH STREET

Address

HALEAH, FL 33012

City/State and Zip Code

HORTASASSOCIATES@USA.COM

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

For further information concerning this matter, please call:

YOHAN JACINTO IZQUIERDO

786

865-4145

at (_____) _____

Name of Person

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

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

STATE OF FLORIDA
DEPARTMENT OF REVENUE

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JACINTO EXPRESS 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 03/29/2021 and assigned Florida document number L21000145503.

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:

(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 agent and/or the new registered office address here:

Name of New Registered Agent: YOHAN JACINTO IZQUIERDO

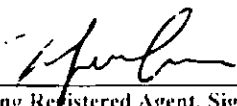
New Registered Office Address: 1280 WEST 40TH STREET

Enter Florida street address

HALEAH Florida 33012
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

STATE OF FLORIDA
DIVISION OF CORPORATE FINANCE

21 APR 26 PM 3:42

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	YOHAN JACINTO	1280 WEST 40TH STREET	<input type="checkbox"/> Add
		HIALEAH, FL 33012	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YOHAN JACINTO IZQUIERDO	1280 WEST 40TH STREET	<input checked="" type="checkbox"/> Add
		HIALEAH, FL 33012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

21 APR 26 PM 3:42


E. Effective date, if other than the date of filing: 04/19/2021 (optional)

(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)

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.

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 APRIL 19, 2021




Signature of a member or authorized representative of a member

YOHAN JACINTO IZQUIERDO

Typed or printed name of signee


Filing Fee: \$25.00

Florida CDL  **CLASS A**

J253-960-82-255-0

JACINTO IZQUIERDO
YOHAN
 11280 W 40 ST
 MIAMI, FL 33012
 1 DOB 07/15/1982 SEX M
 4 EXP 07/15/2028 HGT 5-07
 17 EYES NONE HAIR NONE

SAFE DRIVER
 No RES 08/30/2020
 SDD 8863004308128


 Operation of a motor vehicle constitutes consent to any discovery test required by law

SOCIAL SECURITY

122-29-0175

THIS NUMBER HAS BEEN ESTABLISHED FOR

YOHAN
JACINTO IZQUIERDO


 SIGNATURE

USA 01/15/2019