

h21 000 153 176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

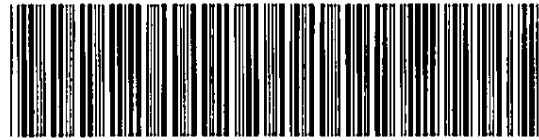
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21 SEP -- PM 3:29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JCB TRANSPORT & SERVICES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE C LEMES CASTELLANOS

Name of Person

JCB TRANSPORT & SERVICES LLC

Firm Company

17000 NW 67 AVE

Address

HALEAH, FL 33015

City/State and Zip Code

jose.leme@yahoo.com

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

For further information concerning this matter, please call:

JOSE C LEMES CASTELLANOS

786 424-3974

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2021 SEP -7 PM 4:01

ACE TRANSPORT & SERVICES LLC

Name of the Limited Liability Company as it now appears on our records.
A Florida Limited Liability Company

Amendments to this Limited Liability Company were filed on 04/02/2021

12/01/2021

Amendments submitted to amend the following:

1. Change name, enter the new name of the limited liability company here:

2. Change and/or delete the words "Limited Liability Company," the designation "LLC,"

3. Change office address, if applicable:

17000 NW 67 AVE

4. Change office address (MUST BE A STREET ADDRESS)

HIALLAH, FL 33015

5. Change mailing address, if applicable:

17000 NW 67 AVE

6. Change mailing address (MAY BE A POST OFFICE BOX)

HIALLAH, FL 33015

7. If not changing the registered agent and/or registered office address on our records, enter the name of the registered agent and the new registered office address here:

8. New Registered Agent:

JOSE C LEMES CASTELLANOS

9. Registered Office Address:

17000 NW 67 AVE

Enter Florida street address

HIALLAH

Florida 33015

City

10. Registered Agent's Signature, if changing Registered Agent:

I, the undersigned, as the registered agent and agree to act in this capacity. I understand the importance of the proper and complete performance of my duties, and I am taking this action in my position as registered agent as provided for in Chapter 605, F.S. If I am changing the registered office address, I hereby confirm that the change is being made in accordance with the provisions of Chapter 605, F.S.

If Changing Registered Agent, Signature of New Registered Agent:

MGR = Manager
AMBR = Authorized Member

[illegible]

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

21 SEP -7 PM 3:30

E. Effective date, if other than the date of filing: 04/01/2021 (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 29 2021


Signature of a member or authorized representative of a member

MGR

Typed or printed name of signer

Filing Fee: \$25.00