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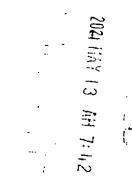
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
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COVER LETTER

Tallahassee, FL 32314

TO:

	istration Secsion of Cor			
eubiect.	JBF TRUC	KING, LLC		•
SUBJECT:		Name of Limi	ited Liability Company	<u>. </u>
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Jean Baptiste Fenelon		
			Name of Person	
		JBF TRUCKING, LLC		
Firm/Company				
		1829 FUNSTON STREET	SUITE 6	
			Address	
		HOLLYWOOD, FLORID	A 33020	
			City/State and Zip Code	
		jeanbaptistefenelon@gmail.	.com to be used for future annual report noti	
				meanon)
For further in	iformation c	oncerning this matter, please ca	all:	
Jean Baptiste	e Fenelon		786 230-4392 at ()	
	Name of	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	iling Addres		Street Address:	etion
Registration Section Division of Corporations		Registration Section 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

JBF TRUCKING, LLC	2021 HAY 13 AH 7: 42	
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	_
he Articles of Organization for this Limited Liability (lorida document number L21000178360	Company were filed on April 16, 2021	and assigned
. nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim		
ne new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	ed office address on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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

<u>Title</u>	<u>Name</u>	Address 202/11/13 AN 7:42	Type of Action
P	Jean Baptiste Fenelon	1829 Funston Street, Suite 6, Hollywood, Fla 33020	□ Add
		<u> </u>	≡ Remove
			Change
			□Add
			□Remove
			Change
			□Add
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		Change	
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			□Remove
			□Change

Typed or printed name of signee

2000