

L21000204838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

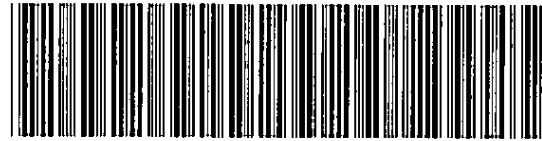
(Business Entity Name)

(Document Number)

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O SHAWCNS

OCT 04 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JNEGRIN TRUCKING 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:

JOSE NEGRIN

Name of Person

JNEGRIN TRUCKING LLC

Firm/Company

1545 SW 131 AVE

Address

MIAMI, FL 33184

City/State and Zip Code

negrin.jose11@yahoo.es

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

For further information concerning this matter, please call:

JOSE NEGRIN

305 305-7764
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**

JNEGRIN TRUCKING LLC

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

361 SC. 27 A1: 7: 33

The Articles of Organization for this Limited Liability Company were filed on 05/03/2021 and assigned
Florida document number L21000204838.

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:

1545 SW 131 AVE MIAMI, FL 33184

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

12868 SW 17 ST MIAMI, FL 33175

(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:

JOSE NEGRIN

New Registered Office Address:

1545 SW 131 AVE

Enter Florida street address

MIAMI

Florida 33184

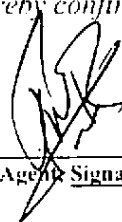
City

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSE NEGRIN	1545 SW 131 AVE	<input checked="" type="checkbox"/> Add
		MIAMI FL 33184	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSE NEGRIN	1545 SW 131 AVE	<input checked="" type="checkbox"/> Add
		MIAMI FL 33184	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

I NEED TO ADD MYSELF AS A AMBR = Authorized Member BECASUE MY BANK NEEDS THE AMBR

TITLE ADDED TO MY NAME IN ORDER TO OPEN MY ACCOUNT. ^{#21821} 27 AM 7:33

E. Effective date, if other than the date of filing: _____ **(optional)**

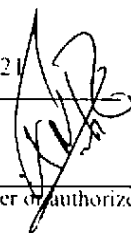
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 AUGUST 30

2021



Signature of a member or authorized representative of a member

JOSE NEGRIN

Typed or printed name of signee