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(Re	equestor's Name)
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PICK-UP	☐ WAIT ☐ MAIL
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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Office Use Only

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21_JUL -6 PH 12: 21

COVER LETTER

TO:

TO: Registration 5 Division of Co			
Jordan's T	ruck & Trailer Repair LLC		1
SUBJECT:	Name of Lin	nited Liability Company	,
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	ſ
Please return all corresp	oondence concerning this matter	to the following:	ı
	David Jordan		
	*************************************	Name of Person	
	Jordan's Truck & Trailer R	Repair LLC	
	 	Finn/Company	
	5463 Allamanda Ave		
		Address	
	North Port, Fl 34288		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	david.jordan@jordanstruck	andtrailerrepair.com to be used for future annual report notifica	75-2
For further information	concerning this matter, please c	·	nion)
David Jordan		941 9935121 at ()	
Name	of Person	Area Code Daytime T	elephone 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 Addro Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corpo The Centre of Tall 2415 N. Monroe S Tallahassee, FL 32	rations lahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

21 JUL -6 PH12: 22

Jordan's Truck & Trailer Repair LLC

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

· ·	pany were filed on 05/27/2021	and assigned
Florida document number L21000247847		į
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 ADDRES	<u>S)</u>	·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · ·
	fice address on our records, <u>er</u>	nter the name of the new register
agent and/or the new registered office address here:		1
Name of New Registered Agent:	fice address on our records, en	1
	Enter Florida street au	ldress
Name of New Registered Agent: New Registered Office Address:	Enter Florida street ad City	1
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street aa City 2ent:	, Florida

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 21 JUL -6 PH 12: 22 or removed from our records:

MGR =	Manager
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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David C. Jordan	5463 Allamanda Ave.	= Add
		North Port, F1 34288	
			□Change
AMBR	Stacey N. Jordan	5463 Allamanda Ave.	,
		North Port, FL 34288	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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			Change
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			□Change

			ion, enter change(s) here: (Attach additional sheets, if necessary.)				
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		the date of filin	05/27/2021 g:		ore than 90 days a	ptional)	ant to 605,0207
····	date, if other than we date is listed, the date he date inserted in thi 's effective date on th	12 OLOCK GOCS HOLL	исст иге аррисац	odate of filing or m ble statutory filin	g requirements.	this date will no	ot be listed as
cument'	ne date machted in thi	ne Department of S	State's records.	ore statutory min	g requirements,	this date will no	ot be listed as
cument' ecord sp	's effective date on the	ne Department of S	State's records.	ore statutory min	g requirements,	this date will no	ot be listed as
cument' ecord sp	's effective date on the	ne Department of S	t an effective tim	ne, at 12:01 a.m.	on the earlier of	this date will no	ot be listed as
cument'	's effective date on the	ne Department of S	t an effective tim	ore statutory min	on the earlier of	this date will no	ot be listed as

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