

L21 000282900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

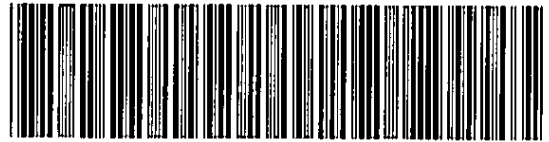
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300368339423

06/22/21--01024--025 **25.00

2021 JUN 22 AM 8:21
FALLA, J. J.

FILED

BRUCE
JUL 16 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

J BOUTON TRANSPORTATION 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:

JEAN R BOUTON
Name of Person

J BOUTON TRANSPORTATION LLC
Firm/Company

2120 NEW VICTOR RD
Address

OLDFE, FL 34761
City/State and Zip Code

jean.bouton1210@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEAN R BOUTON at (321) 313-5574
Name of Person Area Code Daytime Telephone Number

FILED
2021 JUN 22 AM 8:21
TALLAHASSEE, FL

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**

J BOUTON TRANSPORTATION 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 06-17-2021 and assigned Florida document number L21000282900.

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:

New Registered Office Address:

JEAN R BOUTON

2120 NEW VICTOR RD

Enter Florida street address

DLOEE, FL, Florida


City

Florida

2021 JUN 22 4:08 PM
FILED
34 8615
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>
<u>P</u>	<u>JEAN R BOUTON</u>	<u>2120 NEW VICTOR Rd Ocoee FL 34761</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>JEAN R BOUTON</u>	<u>2120 NEW VICTOR Rd Ocoee, FL 34761</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 JUN 22 AM 8:20
JEAN R BOUTON
Ocoee, FL

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

TITLE WAS WRONG

2021 JUL 22 AM 8:21
FALLMOUNT, CT

E. Effective date, if other than the date of filing: 6-17-2021 (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 6-21-2021

Signature of a member or authorized representative of a member

Typed or printed name of signee