

121 000298513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

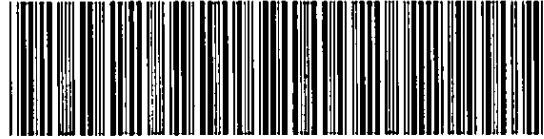
(Document Number)

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08/05/21--01025--001 **25.00

08/11/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JMH 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:

Jon'Teria Hodge

Name of Person

JMH Transportation, LLC

Firm/Company

13762 W State Road 84, #122

Address

Davic, FL 33325-5304

City/State and Zip Code

jmhtransportationllc@gmail.com

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

For further information concerning this matter, please call:

Jon'Nae Hodge

at (954)

504-7510

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**

JMH 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 06/28/2021 and assigned
Florida document number L21000298513.

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)

13762 W State Road 84

#122

Davie, FL 33325-5304

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13762 W State Road 84

#122

Davie, FL 33325-5304

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:

13762 W State Road 84 #122

Enter Florida street address

Davie

City

Florida 33325-5304

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.


Jan Sena Hodges
If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HODGE, JONTERIA M	13762 W State Road 84	<input type="checkbox"/> Add
		#122	<input type="checkbox"/> Remove
		Davie, FL 33325-5304	<input checked="" type="checkbox"/> Change
MGR	HODGE, JONNAE M	13762 W State Road 84	<input type="checkbox"/> Add
		#122	<input type="checkbox"/> Remove
		Davie, FL 33325-5304	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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)

Pursuant to the provisions of the
will of the late

Dated August 3, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00