## L21000354173

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(Address)
(Address)
(City/State/Zip/Phone #)
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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
	CKING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
•	-	- J	
	JEAN JUSTE, PIERRE A	, <u> </u>	
		Name of Person	
	PL&J TRUCKING LLC		
		Firm/Company	<del></del>
	2601 LANGROVE LN SW	′	
		Address	
	VERO BEACH, FL 32962		
		City/State and Zip Code	
	pierre.j36@yahoo.com	to be used for future annual report noti	7
			neation)
For further information c	oncerning this matter, please co	all:	
JEAN JUSTE, PIERRE	Α	772 2058194 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 17	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 MOV 28 7.3 7: 56

PL&J TRUCKING LLC		7.17
( <u>Name of the Limited Liab</u> (A Flor	illity Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L21000354173	Company were filed on 08/06/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da 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 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>	Name	Address	Type of Action
VP	STEPHANE PRUDENT	1030 LACONIA ST, SEBASTIAN, FL 32958	<b>=</b> Add
			□Remove
			□ Change
		-	□Add
			□Remove
		□Change	
			□Add
			□Remove
		□Change	
		□Add	
			□Remove
			□Change
		□Add	
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□ <i>C</i> b

-	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  NA
. Effe	ctive date, if other than the date of filing: (optional)
Non	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) 2: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the timent's effective date on the Department of State's records.
the rec	ord 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 filed.
D-4-	NOVEMBER 24 2023
Date	
	LIERCE A DROW JUSTP
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

Typed or printed name of signee