121000370527

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

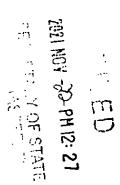
Office Use Only

A. RIVERS NOV 3 0 2021



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CONTRACTED

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2021

NAKIESHA LEWIS-SIMEUS 3469 W BOYNTON BCH BLVD STE 2 PMB 1064 BOYNTON BCH, FL 33436

SUBJECT: BELLAIR TRUCKING LLC

Ref. Number: L21000370527

We have received your document for BELLAIR TRUCKING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 921A00023907

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ING LLC
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
	any were filed on 8 18 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited l</u> PJ's Trucking, LLC	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited L	liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	505 Industrial Arenue
Principal office address MUST BE A STREET ADDRESS	Buy Alm Boh Pl 33426
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SOS Industrial Avenue Boynton Bch FL 33426
Hunning uddress MAT DE ATOST OFFICE BOX	150111111111111111111111111111111111111
agent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
Name of New Registered Agent:	Kresha lewis-Simers : n 87 Star Ruby Blyde Boyntm Bch Enter Florida street address : 2
New Registered Office Address: 42	87 Star Ruby Blydig Beyntmisch
Boyn	ton Beach Florida 33436 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

COVER LETTER

	ration Section on of Corporations
SUBJECT:	BELLAIR Trucking, LLC Name of Limited Liability Company
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Nakiesha lewis-Simeus Name of Person
	Firm/Company
	4287 Star Ruby Blvd.
	Byntm Bch P 33436 City/State and Zip Code Nakieshadlewise amail. com E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
Naj	Name of Person
Enclosed is a ch	eck for the following amount:
□ \$25.00 Filii	ng Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

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>	Address	Type of Action
MGR	= Manager-Price Sime	JISr. SOS Industrial Avenue Bynton Boh Fl 33436	ESAdd
			□Remove
			☐Change
<u>AMB</u> R	- Nakresha lewis-Simer	15 4287 Star Ruby Blyd Byntm Bch Ft 3343	· WAdd
			□Remove
			Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change

	
an effective lote: If th	late, if other than the date of filing:
is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	1 16 21 November 16, 7021 Natraha Ru
	Signature of a member or authorized representative of a member
	Makiesha lewis - Simeus Typed or printed name of signee