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COVER LETTER

JET HAU	LING LLC SOUTH		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for titing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	John Pata		
		Name of Person	
	14635 STIRRUP LANE	Firm/Company	
	WELLINGTON, FL 3341-	Address	
	JOHNPATA@MAC.COM	City/State and Zip Code	
	E-mail address: (to	o be used for future annual report i	notification)
JOHN PATA	concerning this matter, please ca	ni (954.) 444	t 0268 time Telephone Number
:Name (n retson	Area Code 17ay	ume reteptione (vumber
Enclosed is a check for t	he 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

Registration Section Division of Corporations

TO:

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

JET HAULING LLC SOUTH

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

(A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:	18320 PAULSON DRIVE		
(Principal office address MUST BE A STREET ADDRESS)	UNIT B		
	PORT CHARLOTTE, FL 33954		
Enter new mailing address, if applicable:	18320 PAULSON DRIVE		
(Mailing address MAY BE A POST OFFICE BOX)	UNIT B		
	PORT CHARLOTTE, FL 33954		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	e of the new registered	
	, Florida		
	City	Zip Gode	
New Registered Agent's Signature, if changing Registered Agent:		To The	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am jorovided for in Chapter 605, F.S. Or.	familia <u>r</u> with and if this document is	

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>	Name	Address	Type of Action
			🗆 Add
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			□Change
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Typed or printed name of signee