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## **COVER LETTER**

Registration Section

TO:

Division of Corporations
SUBJECT: JACKSONS DIRECT TRANSPORTATION UCC 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:
KELVIN JACKSON JR Name of Person
JACKSONS DIRECT TRANSPORTATION (LA Firm/Company
160 TRANQUILITY LN Address
HAVANA, FLORIDA 32393  City/State and Zip Code  el. elyon 28. k.j. ang il. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 868-1305 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
▼\$25.00 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JACKSONS DIRECT 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 v	vere filed on _	JAN. 06, 20	22 and assigned		
Florida document number <u>L22000004293</u> .		,	<del></del>		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	ity company l	nere:			
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)					
		<del></del> .	<del></del>		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>				
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:  Name of New Registered Agent:	ldress on our	records, enter the na	me of the new registered		
New Registered Office Address:			<del></del>		
	Enter Fl	orida street address			
New Registered Agent's Signature, if changing Registered Agent:	Cii,		24) Cont		
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pastering filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance o rovided for in	of my duties, and I ar Chapter 605, F.S. C	n familiar with and Or, if this document is		
If Chang	ing Registered A	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>		Address	Type of Action
AMBR	KELVI	N JACKSON JE	2 160 TRANQUILITY LN	□Add
			HAVANA, FL 32333	□Remove
				CYChange
<u>AMBR</u>	KELVIN-	JACKSON JR	160 TRANQUILITY LA	□Adđ
			HAVANA, FL 32333	
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	-			□Add
				□Remove
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Effective d	ate, if ot	her than t	he date of	filing: _					(optional	)	
If an effective Note: If the document's	e date insc	erted in this	block does	not meet	t the appli	cable statui	tory filing r	equirement	s after tilings, this dat	e will not be	listed as th
e record spe rd is filed.	cifies a de	layed effec	ctive date, bu	it not an	effective 1	time, at 12:	:01 a.m. on	the earlier	of: (b) T	he 90th day	after the
Dated	An.	18			2022	<u>2</u> .					
		K		Q	75						
_			Signature	of(a me	iber or auth	orized repre	esentative of	a member			_
			$\sim$								

Filing Fee: \$25.00