

L220000013118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

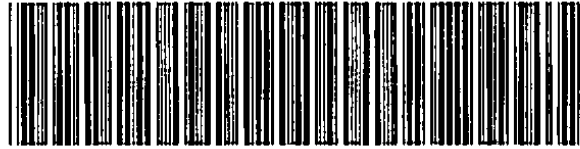
(Business Entity Name)

(Document Number)

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2022 OCT 31 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FL

g 11/22/2023

COVER LETTER

Registration Section
Division of Corporations

ECT: RJJJL TRUCKING III LLC
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

return all correspondence concerning this matter to the following:

JAIME A. PARRALES
Name of Person
RJJJL TRUCKING III LLC
Firm/Company
3735 SW 45 AVE APT D
Address
OCALA, FL 34474
City/State and Zip Code
JAIMEADANROSALES57@GMAIL.COM
E-mail address: (to be used for future annual report notification)

further information concerning this matter, please call:

JAIME PARRALES 352 870-2428
Name of Person at () 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

FILED

2022 OCT 31 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FL

RJJJ,TRUCKING III LLC

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

Articles of Organization for this Limited Liability Company were filed on 01/05/2022 and assigned
da document number L22000013118.

amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

J TRUCKING III LLC

ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

er new principal offices address, if applicable:

incipal office address MUST BE A STREET ADDRESS)

er new mailing address, if applicable:

iling address MAY BE A POST OFFICE BOX)

**Amending the registered agent and/or registered office address on our records, enter the name of the new registered
it and/or the new registered office address here:**

Name of New Registered Agent:

JAIME A. PARRALES

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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
visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is
g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability
pany has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
moved from our records:

= Manager
R = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	PERRALES, JAIME	3735 SW 45 AVE APT D	<input type="checkbox"/> Add
		OCALA, FL 34474	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	PARRALES, JAIME A.	3735 SW 45 AVE APT D	<input checked="" type="checkbox"/> Add
		OCALA, FL 34474	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	PERRALES, RAFAELA	3735 SW 45 AVE APT D	<input type="checkbox"/> Add
		OCALA, FL 34474	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	PARRALES, RAFAELA	3735 SW 45 AVE APT D	<input checked="" type="checkbox"/> Add
		OCALA, FL 34474	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This is to amend the INCORRECT SPELLING of the Authorized Person and Registered Agent name,

it is PARRALES, not PERRALES and to amend the "dot" on the company name RJJJJ, TRUCKING III LLC to

RJJJJ TRUCKING III LLC.

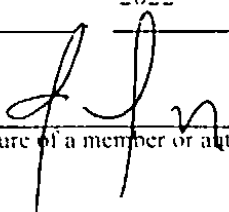
Effective date, if other than the date of filing: JANUARY 5, 2022 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Record 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 document is filed.

Effective date: OCTOBER 25 2022


Signature of a member or authorized representative of a member

JAIME A. PARRALES

Typed or printed name of signee