Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000355946 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NATIONS BUSINESS CENTER, INC.

Account Number : I20000000238 Phone : (305)591-9448

: (954)753-3447 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRUCKS JCA, LLC

Certificate of Status	0
<u></u>	
Certified Copy	
Page Count	01
Estimated Charge	\$55.00

P. 002/005

October 18, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

TRUCKS JCA, LLC 2035 HARDING STREET SUITE 201 HOLLYWOOD, FL 33020US

SUBJECT: TRUCKS JCA, LLC

REF: L22000398681

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The last page of the amendment is to dark.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II Letter Number: 122A00023334

FAX Aud. #: H22000355946

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRUCKS JCA, L	LLC	
(Name of the Limited Liability (A Florida L	Company as if now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on September 12, 2022 and as	signed
Florida document number L22000398681		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words 'Limited	ed Liability Company," the designation "LLC" or the abbreviation "L	.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter the name of the ne</u>	w registe
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	Enter Florida sweet address , Florida City Zip Code	

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

Title	<u>Name</u>	Address	Type of Action
MGR	CLAUDIO ARMIJO BARRA	2035 HARDING STREET SUITE 201	□Add
		HOLYWOOD FL 33020	=Remove
			□Add
			CRemove
			Change
			□ Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change

				
······································				
		· · · · · · · · · · · · · · · · · · ·		
ŧ	- 			 .
<u>-</u>	· · · · · · · · · · · · · · · · · · ·			
Λ.		<u> </u>		_
	الحداراة	/20		
the date must be specific and o	cannot be prior to date of	filing or more than 90 da tory filing requiremen	(optional) lys after filing.) Pursuant to lts, this date will not be l	605.0207
te on the Department of St	ate's records.			listed as
	er than the date of flling, the date must be specific and	er than the date of flling: 10/17/	er than the date of flling: 10/17/22 the date must be specific and cannot be prior to date of filing or more than 90 day.	er than the date of filing: 10/17/22 (optional) the date must be specific and cannot be upor to date of filing or more than 90 days after filing I produced to

Typed or printed name of signer