

L 22 000 455643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

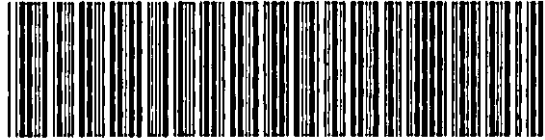
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JAN 25 2023



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FILED

2022 NOV -4 AM 8:01

Registration Section
Division of Corporations

CT: Jet Hauling LLC West
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:

Maureen A Pata
Name of Person

Firm/Company

14635 Stimp Ln
Address

Wellington FL 33414
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maureen A Pata at (561) 207 1022
Name of Person 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

TO
ARTICLES OF ORGANIZATION
OF

Jet Hauling LLC West

(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 10/24/2022 and assigned
document number 122000455643.

Amendment is submitted to amend the following:

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

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

New principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

New mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

= Manager
= Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Effective date, if other than the date of filing: _____ (optional)

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

-d 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 led.

Signature of a member on

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00