

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.

(((H24000272773 3)))



H240002727733ASC1

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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J.A FLORIDA PALLETS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY AUG 15 2024 To:

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF



J.A FLORIDA PALLETS LLC

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

The Articles of Organization for this Limited Liability Company	were filed on 03/02/2023	and assigned
Florida document number 1.23000096227		
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 abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Firmida street address	
	Flor	ridaZin Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 505, F	II am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

To.

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
AMBR	Jorge Esteban Morejon Lopez	6045 NW 87 AVE	□Add
		MIAMI, FL 33178	Remove
			[]Change
AMBR	AMBR JENNY GUEVARA MANSO	6045 NW 87 AVE	≅Add
		MIAMI, FL 33178	URemove
			□ Change
			DAdd
			Remote All St. C.
			Hichange 3: 50
		033	
			TChange
			TAdd
			DRemove
	•		
		<u> </u>	
			7 Channa

		TOO THE SECTION OF SO
		SCI.
	** * * ***	ب
		~ −
*		
		Management of the second of th
ffective date, if other than the an effective date is listed, the date mus tote: If the date inserted in this blocument's effective date on the December 1 of the December 1 of the December 2 o	be specific and connot be prior to date of filing ock does not meet the applicable statutory	(optional); or more than 90 days after filing.) Pursuant to 605.0207 (3 liling requirements, this date will not be listed as th
record specifies a delayed effective f is filed.	date, but not an effective time, at 12:01 r	a.m. on the earlier of: (b) The 90th day after the
AUGUST 12	2024	