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SECRETARY OF STATE
FALL AHASSEE, FLORIE

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FLORIDA CAPITAL COURIER SEI	RVICES, INC
2330 CLARE DRIVE TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-6243	
(030) 321 0213	
Please use funds from this account: 12	.02100000160 : <u>\$25.00</u>
Authorization Signature:	2ut to
Jazel Trucking LLC L2300020495	<u>7</u>
BUSINESS	DOC#
Contified Conv. of Antiples	
Certified Copy of Articles Certificate of Status	
_ certificate of status	
<u>NEW FILINGS</u>	<u>AMENDMENTS</u>
Profit Corp	X Amendment
Not for Profit	Resignation of R.A. or member
Officer/Director	Dissolution Change of Paviatared Agent
Limited Liability Domestication	Change of Registered Agent Revocation of Dissolution
Other	Merger
CORP	Conversion
_ LLLP	Amended and restated Articles
	Statement of Authority
OTHER FILINGS	
	REGISTERATION/QUALIFICATIONS
<u>Trademark</u>	12 ' '71'
Annual Report	Foreign filing
Dischieus Name	Limited Partnership Reinstatement
Fictitious Name	Kemstatement
APOSTILLE	Other
Country	
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EXAMINIER'S INITIALS:____

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
CHAICT.	JAZEL1	TRUCKING LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Edwin Armijo		
		Name of Person		
		Simplex Group Inc		
	Simplex Group Inc Firm/Company 7500 NW 52ND ST, Suite 100 Address MIAMI FL 33166			
	750	0 NW 52ND ST, Suite 100		
		atited for filing. The following: Edwin Armijo Name of Person Simplex Group Inc Firm/Company NW 52ND ST, Suite 100 Address MIAMI FL 33166 City/State and Zip Code group.net be used for future annual report notification)		
		MIAMI FL 33166		
	 	City/State and Zip Code		
	processingpermits@simples E-mail address: (ification)	
For further information c	oncerning this matter, please ca	all:		
Edwin Armijo				
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
Mailing Addres				
Registration Section Division of Corporations				
P.O. Box 632		The Centre of	=	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	JAZEL TRUCKING LLC	2223 KT 1/24	P首 2: 24
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed on _	04/25/2023	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ne limited liability company l	<u>iere</u> :	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	le:		
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BO</u>	<u></u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address l		records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	orida street address	
	City	, Florid:	a

New 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Tashana Johnson	10744 SW ESTELLA LN	≣ Add
		PORT ST. LUCIE, FL 34987	□ Remove
			☐ Change
			©Remove
			Change
			□ Add
			□Remove
			□Change
 			🗀 Add
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an effective d ote: If the o	te, if other than the date of ate is listed, the date must be spe date inserted in this block doo ffective date on the Departme	cific and cannot be as not meet the a	prior to date of filing pplicable statutory	g or more than 90 da	(optional) sys after filing.) Pursuar nts, this date will not	a to 605,0207 be listed as t
record speci is filed.	fies a delayed effective date,	but not an effect	ive time, at 12:01	a.m. on the earlie	r of: (b) The 90th d	ay after the
ated	05/26/2023	·	23			
		Ä	DAMA	>		
_	Signati	re of a member of	authorized represer	ntative of a member		