L2300020825C

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(Ad	dress)	
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CUVER LETTER

Registration Section
Division of Corporations

TO:

	ICKING OF DAVIE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	EDWIN A. ALVARADO		
		Name of Person	·
	J & A TRUCKING OF DA	AVIE, LLC	
		Firm/Company	
	4457 SW 66TH TERRAC	E	
		Address	
	DAVIE, FL 33314		
		City/State and Zip Code	
	EDWIN7202@HOTMAIL.	СОМ	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
RONALD FLORES		954 954-614-176	54
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J & A TRUCKING OF DAVIE, LLC	_				
(Name of the Limited) (A	Liability Compa Florida Limited	any as it now appears (Liability Company)	on our records.)		
The Articles of Organization for this Limited Liabi	ility Company	were filed on $\frac{04/27}{1}$	7/2023	and assi	igned
Florida document number L23000208250					
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liab	oility company here	2:		
N/A					
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbre	viation "L.I	L.C."
Enter new principal offices address, if applicable:		N/A			
(Principal office address MUST BE A STREET ADDRESS)		N/A	No.	202	
		N/A	L C	2029 HAY	Ti
			N. S.		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	(A)	् - ====================================	<u> </u>
		N/A	<u></u>		
		N/A			
				C) C)	
B. If amending the registered agent and/or regi agent and/or the new registered office address h		address on our rec	ords, <u>enter the name (</u>	of the new	register
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		Enter Florid	a street address		
	N/A		, Florida		
		City		Zip Code	

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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
VP	JUNIETH ALVARADO	4457 SW 66TH TERR. DAVIE, FL 33314	= Add
			□Remove
			□Change
	·		□ Add
			Remove
			□Change
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	APRIL 27TH	
ffective date, if other than the o	te of filing: (optional)	
an effective date is listed, the date must	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to does not meet the applicable statutory filing requirements, this date will not be	605.020 Betod a
ocument's effective date on the De		nsicu a
record specifies a delayed effective is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	alter the
is filed.		
	2023 05-08-23	
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MAY 5TH		
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