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Office Use Only



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COVER LETTER

TO:	Registration S Division of Co					
CHD IE/	J&G Wree	eker LLC				
SUBJEC	CT: <u>+</u>	Name of Lim	ited Liability Company	•		
The enci	osed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all corresp	ondence concerning this matter	to the following:			
		Gregory J. Palmer				
			Name of Person			
		J&G Wrecker LLC				
		 	Firm/Company	· 		
		5436 Amazon Ave				
		Address				
		Jacksonville, FL 32254				
		City/State and Zip Code gregpalmr@gmail.com				
		E-mail address: (to be used for future annual repor	rt notification)		
For furth	er information	concerning this matter, please concerning	all:			
Gregory	J. Palmer		703 851-939	99		
	Name	of Person	Area Code D	aytime Telephone Number		
Enclosed	l 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	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addre		Street Addre			
	Registration Division of	Section Corporations	Registration Division of	n Section Corporations		
	P.O. Box 63			of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&G Wrecker LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000276117	were filed on June 7th, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Palmer Premier Transport, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5436 Amazon Ave	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32254	
		12
		1.1.
Enter new mailing address, if applicable:		; <u>=</u>
(Mailing address MAY BE A POST OFFICE BOX)		17
		
		င့်ခ
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	ime of the new regis
Name of New Registered Agent:		<u></u>
New Registered Office Address:	Enter Florida street address	
	171,	
	, 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 Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
			□Add
			□Remove
			□Change
		·	□Add
			□ Remove
			□Change
		 	□Add
			□Remove
			□Change
			□Add
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			□Remove
			□ Change

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lf an effi <u>Note:</u>	ve date, if other than the date of filing:
ne rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	July 14th, 2024
	Signature of a member or authorized representative of a member

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