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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	f Status
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	felko C
	Name of Limited Liability Company
The encl	sed Articles of Amendment and fee(s) are submitted for filing.
Please re	arn all correspondence concerning this matter to the following:
	Tabitha Rivera
	Name of Person
	Jelks Empire/Trucking Company
	Firm/Company
	252 Main St PO Box 244
	Address
	Newberry, Florida 32669
	City/State and Zip Code tabithamarierivera@gmail.com
For further	E-mail address: (to be used for future annual report notification)
	nformation concerning this matter, please call:
Tabitha Riv	Name of Person 352 660-4386 Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
≅ \$25.00 F	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2023 OCT 10 AM 6: 59

FILED

Jelks Empire	\mathcal{L}_{i}
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Significant Company)
	ompany were filed on September 11, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "L.I.C" or the abbreviation "L.I.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDR	(ESS)
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered agent and/or the new registered office address here: 	d office address on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zin 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Demarcus Jelks	2417 NW 202nd Street Newberry, FI 32669	🗏 Add
			□ Remove
			□Change
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JIE:	ce date, if other than the date of filing:
ecord	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 d.
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	Tatothe Unece-
is file	Signature of a member or authorized representative of a member

Filing Fee: \$25.00