

Mar 14, 2014 1:14 PM
3/14/24, 12:44 PM

Division of Corporations

H240000992133 1/53

L240000992133

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H24000099213 3)))



H240000992133ABC/

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 : MACCA SERVICES INC
Account Number : I20230000145
Phone : (407)729-4850
Fax Number : (866)422-2483

2024 MAR 14 AM 8:29
FAX RECEIVED

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
JMJ TRANSPORTATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED
2024 MAR 14 PM 1:19
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

MAR 15 2024

Electronic Filing Menu

Corporate Filing Menu

Help

Mar 14, 2024 1:14PM

H240a No. 2499 P. 2/5

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JMJ TRANSPORTATION, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CRISTHINA VAZQUEZ

Name of Person

MACCA SERVICES INC

Firm/Company

2739 KISSIMMEE BAY CIR

Address

KISSIMMEE, FL 34744

City/State and Zip Code

MACCASERVICESFL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTHINA VAZQUEZ

407 729-4850

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Mar 14, 2024 1:14 PM

1424000014245 3/5/23

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JMJ TRANSPORTATION, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/05/2024 and assigned
Florida document number L24000014245.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: ALICIA HERNANDEZ LEAL

New Registered Office Address: 1170 TUPELO TRAIL UNIT 7102
Enter Florida street address

HAINES CITY, Florida 33844
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.

Alicia Hernandez Leal

If Changing Registered Agent, Signature of New Registered Agent

H24010.2499791.4/53

MGR = Manager
AMBR = Authorized Member

[illegible]

Mar 14, 2024 1:43M

1424022299, 5/533

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated MARCH 12 2024

Alicia Hernandez Leal

Signature of a member or authorized representative of a member

ALICIA HERNANDEZ LEAL.

Typed or printed name of signee

Filing Fee: \$25.00