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SECTION OF STATE

COVER LETTER

	Registration Se Division of Cor			
SHD IF C		TRUCKS LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		JENNIFER A PENA PAT	TINO	
			Name of Person	
		JENNIFER A PENA PAT	TINO	
			Firm/Company	
		52 LAGO MESA WAY		
			Address	
		KISSIMMEE, FLORIDA	34743	
		dpregulatory@gmail.com E-mail address: (City/State and Zip Code to be used for future annual rep	port notification)
For furthe	er information co	oncerning this matter, please c	all:	
JENNIFI	ER A PENA PA	ATINO	407 530- at ()	
_	Name of	l'Person	Area Code	Daytime Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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 S Division of C P.O. Box 632 Tallahassee, f	Section orporations 7	Division The Cent 2415 N. N	ress: ion Section of Corporations re of Tallahassee Wonroe Street, Suite 810 [7] ee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JP LUCKY TRUCKS LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Hability Company)		
The Articles of Organization for this Limited Liability Company florida document number $\frac{1.24000042670}{1.000042670}$.	were filed on January 23, 2024. and assigned		
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company "the designation "LLC" or the abbreviation "LLC"		
·	52 LAGO MESA WAY		
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS)</u>	KISSIMMEE		
	FLORIDA 34743		
Inter new mailing address, if applicable:	52 LAGO MESA WAY		
	KISSIMMEE		
	FLORIDA 34743		
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	FLORIDA 34743		
Name of New Registered Agent:			
New Registered Office Address:	Para Placia and a later		
	Enter Florida street address		

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.

City

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JOSE PEREZ	2312 FLAMINGO LAKES DR	
		KISSIMMEE	≡ Remove
		FLORIDA 34743	□Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
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Effective date, if other than if an effective date is listed, the date Mote: If the date inserted in the document's effective date on the	: must be specific is block does no	and cannot be price of meet the appli	icable statutory fi	r more than 90 days a	ptional) der filing.) Pursuan this date will not	i to 605.0207 (be listed as t
record specifies a delayed efferd is filed.	ective date, but	not an effective	time, at 12:01 a.r	n, on the earlier of	: (b) The 90th da	
Dated March 19		2024	,			2024 APR 11
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		(°'1) /				0
	Signardre o	t a member or aut	horized representat	ive of a member	[1]	PR 3: