

L24000185718

(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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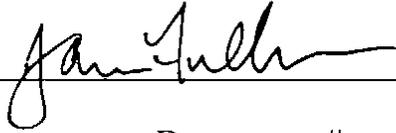
S. HUNT
5/6/24

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: 25.00

JC CARGO OPS LLC L24000185718

Authorization Signature: _____



BUSINESS (Name)

Document #

Walk in

Pick up time

Mail out

Will wait

Photocopy

Certified Copy of Articles of Organization for complete file

Certificate of Status

NEW FILINGS

Profit

Not for Profit

Limited Liability

Domestication

Other

LLC

CORP

AMMENDMENTS

Amendment

Resignation of Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

Merger

Conversion

OTHER FILINGS

Annual Report

Fictitious Name

APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

Foreign Filing

Limited Partnership

Reinstatement

Trademark

Other

STATE OF FLORIDA
TALLAHASSEE, FL
JAN 15 10 51 AM '17
20

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JC CARGO OPS 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:

GABRIEL PAZ

Name of Person

Firm/Company

13727 SW 152 ND STREET #1295

Address

MIAMI, FL 33177

City/State and Zip Code

jclogisticsflorida@gmail.com

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

For further information concerning this matter, please call:

GABRIEL PAZ

305 7662919

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

STATE
TALLAHASSEE, FL

SEP 11 2006 AM 8:47

30

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

JC CARGO OPS 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 FLORIDA and assigned Florida document number 124000185718

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)

3819 SW 23RD PL UNIT 119

GAINESVILLE FL 32607

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:

New Registered Office Address:

Enter Florida street address

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 8:11 PM
 10/11/2011

