

L24000 2295L 8

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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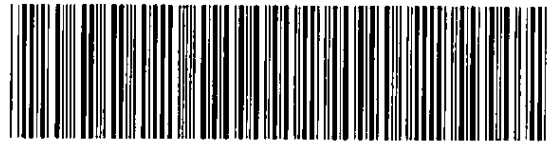
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/20/24--01010--007 **25.00

ED
08/20/24 PM 1:35
CLERK OF STATE
TALLAHASSEE, FL

08/20/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jxe Transport Services 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:

Julton Dolcin
Name of Person

Firm/Company

525 Susanmah Leigh Ln Apt #307
Address

Orlando / Florida, 33818
City/State and Zip Code

jultdol@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julton Dolcin at (321) 240-8908
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
JUL 20 PM 1:35
TALLAHASSEE, FL

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

JXE Transport Services 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 MAY 16, 2024 and assigned Florida document number L24000228868

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:

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>
MGR	Xenia Caraballo	366 Annabelle Way	<input type="checkbox"/> Add
		Davenport, FL 33837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ethan Dolcin	525 Susannah Leigh Ln	<input type="checkbox"/> Add
		307	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32817	<input type="checkbox"/> Change
MGR	Julian Dolcin	525 Susannah Leigh	<input checked="" type="checkbox"/> Add
		Ln # 307	<input type="checkbox"/> Remove
		Orlando, FL 32818	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

OFFICE OF STATE
MANAGEMENT, FL

Change

PM

Add

35

Remove

Change

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

IN RE: STATE OF FLORIDA
VS. JAMES E. BEECHER, JR.
CASE NO. 20 PM 1:35

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 _____,

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00