

Payment Form
(Revised 06/16)



Date of Receipt (for office use).

Please select requested processing:

- ☐ **Expedited Handling** (not available for Authentication Services or Trademark Applications)
(\$25 per corporate document/\$10 for copies/ \$15 for UCC)
- ☒ **Regular Handling**

SUBMITTER INFORMATION:

Company/Firm or Individual Name: J RACSO Transportation LLC
Street: 2943 Rising Sun Rd
City/State/Zip: Katy TX 77449
Phone: 832-9466674 Fax:
Email: Oscarortiz25174183@gmail.com

DOCUMENT FILING INFORMATION:

Name listed on document: Jeimy Garza
File # (if applicable): 802867917
Type of Document: Certificate of Amend-
Number of Pages: 4 ment.

INSTRUCTIONS:

Mark the appropriate handling request.

If expedited include an email address.

Submitter Information: Completely fill out information of the person/company submitting the documents.

Document Filing Information: Completely fill out information regarding the document that is being submitted.

Payment Information: Check the box with your method of payment. Include the necessary information. For Mastercard, Visa, and Discover, the Security Code is the last three digits in the signature area on the back of your card. For American Express, it is the four digits on the front of the card. *Fees paid by credit card are subject to a statutorily authorized convenience fee of 2.7% of the total fees incurred.*

Return To: Include a return address to which the documents should be returned. If same as submitter, check the box.

PAYMENT INFORMATION:

☒ Visa ☐ Mastercard ☐ Discover ☐ American Express ☐ Check/Money Order Enclosed (no electronic check)

Card #: 4610 4601 3677 7265
Exp (MM/YY): 08/20 Security Code: 837
Name on Card: Oscar Ortiz Cano
Billing Address: 2943 Rising Sun Rd
City/State: Katy TX
Zip Code: 77449

Signature: _____

☐ **Client Account**

Account #: _____

Name on Account: _____

☐ **LegalEase**

Account #: 500679 - _____

Client Reference #: _____

RETURN TO:

☒ Same as submitter
Name: Oscar Ortiz Cano
Street: 2943 Rising Sun Rd
City/State/Zip: Katy TX 77449
Phone: (832) 659 5253 Fax:
Email: Oscarortiz25174183@gmail.com

Form 424
(Revised 05/11)

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512/463-5709
Filing Fee: See instructions



This space reserved for office use.

Certificate of Amendment

Entity Information

The name of the filing entity is:

J RACSO transportation LLC

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is a: (Select the appropriate entity type below.)

- | | |
|--|---|
| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Professional Corporation |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Professional Limited Liability Company |
| <input type="checkbox"/> Cooperative Association | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Partnership |

The file number issued to the filing entity by the secretary of state is:

802867917

The date of formation of the entity is:

NOV, 28-2017

Amendments

1. Amended Name

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is: (state the new name of the entity below)

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

Registered Agent
(Complete either A or B, but not both. Also complete C.)

☐ A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

☐ B. The registered agent is an individual resident of the state whose name is:

First Name

M.I.

Last Name

Suffix

The person executing this instrument affirms that the person designated as the new registered agent has consented to serve as registered agent.

C. The business address of the registered agent and the registered office address is:

2943 Rising Sun Rd Katy TX 77449 TX 77449
Street Address (No P.O. Box) City State Zip Code

3. Other Added, Altered, or Deleted Provisions

Other changes or additions to the certificate of formation may be made in the space provided below. If the space provided is insufficient, incorporate the additional text by providing an attachment to this form. Please read the instructions to this form for further information on format.

Text Area (The attached addendum, if any, is incorporated herein by reference.)

☒ **Add** each of the following provisions to the certificate of formation. The identification or reference of the added provision and the full text are as follows:

Oscar Ortiz Cano

☐ **Alter** each of the following provisions of the certificate of formation. The identification or reference of the altered provision and the full text of the provision as amended are as follows:

☒ **Delete** each of the provisions identified below from the certificate of formation.

Jeimy Garza

Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Effectiveness of Filing (Select either A, B, or C.)

- A. ☒ This document becomes effective when the document is filed by the secretary of state.
- B. ☐ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. ☐ This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: 12/26/2017

By:

Oscar Ortiz Cano

[Signature]

Signature of authorized person

OSCAR ORTIZ CANO

Printed or typed name of authorized person (see instructions)