

L10000040357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

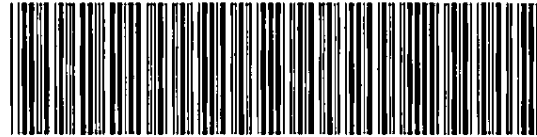
(Document Number)

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09/01/18--01007--001 **15.00

2018 OCT -1 AM 11:18
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

M. MILLIGAN

OCT 04 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2018

FRITZ CLEON TRIBULAN
2856 CONCH HOLLOW DR
BRANDON, FL 33511

SUBJECT: CLEON & SYNFAOH TRANS "LLC"
Ref. Number: L10000040357

We have received your document for CLEON & SYNFAOH TRANS "LLC" and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please note that the entire form must be completed and submitted to complete the amendment filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 718A00019259

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C/LEON + SYNFAOH TRANS 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:

FRITZ C/LEON TRIBULAN
Name of Person

C/LEON + SYNFAOH TRANS LLC
Firm/Company

2856 CONCH HOLLOW DR
Address

BRANDON FL 33511
City/State and Zip Code

C/LEONTRANS@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRITZ C/LEON TRIBULAN at 509-596-6675
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2018 OCT -1 AM 10:51

2018 OCT -1 AM 10:51

ALREADY PAID \$35
VIA MAIL

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

C/CON + SYNFAOH TRANS LLC

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/27/18 and assigned
Florida document number LE0000040367 / L10000040357

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>
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<u>MGR</u>	<u>ERNEST DOMINIQUE</u>	<u>3792 SW 16th PLACE</u>	<input type="checkbox"/> Add
		<u>FORT LAUDERDALE FL 33312</u>	<input checked="" type="checkbox"/> Remove

_____ ☐ Change

<u>MGR</u>	<u>ERNEST DOMINIQUE</u>	<u>3792 SW 16th PLACE</u>	<input type="checkbox"/> Add
		<u>FORT LAUDERDALE, FL 33312</u>	<input checked="" type="checkbox"/> Remove

_____ ☐ Change

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[illegible]

(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)

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 9/27/18

Signature of a member or authorized representative of a member

FRITZ CLEON TRIBULAN

Typed or printed name of signee

[illegible]

2018 OCT -1 AM 11:18

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