# L10000040357

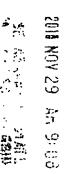
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| PICK-UP WAIT MAIL                       | - |
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| Certified Copies Certificates of Status |   |
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| Special Instructions to Filing Officer: |   |
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M. MILLIGAN
DEC O 6 2018



October 31, 2018

**CLEON & SYNFAOH TRANS "LLC"** 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", however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

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: 818A00022517

## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |  |  |  |      |
|--|--|--|--|------|
| SUBJECT:                                 | EON + SYNF                                   | AoH Trans Company  | <u></u>  |      |
| The enclosed Articles of A               | Amendment and fee(s) are sub                 | mitted for filing.   |  |      |
| Please return all correspon              | dence concerning this matter                 | to the following:  |  |      |
|  | /  | /EON TRIBULA Name of Person  |  |      |
|  | C/EON +                                      | Firm/Company   | ms LCc   |      |
|  | 28566  | nut Hollow or  |  | (II) |
|  | BRANS<br>C/ConTMASS<br>E-mail address: (1    | City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code | cation)  |      |
| For further information co               | ncerning this matter, please ca              |  |  |      |
| FRITZ (                                  | 2. /RIBU/An                                  | at (509) 590 - 6 Area Code Daytime   | 675<br>Telephone Number  |      |
| Enclosed is a check for the              | e 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

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

| ARTICLES OF  | AMENDMENT  |
|--|--|
| T  |  |
| ARTICLES OF O  | RGANIZATION Y 🐧 😕  |
| 0  | F Significant Control of the Control |
| (Name of the Limited Liability Companion (A Florida Limited L  | ORGANIZATION  F  The part of t |
| The Articles of Organization for this Limited Liability Company Florida document number                                  | were filed on $10-14-18$ and assigned  |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liabi   | lity company here:   |
| The new name must be distinguishable and contain the words "Limited Liabili  | ity Company," the designation "LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:  | 2856 ConcH Hollow W<br>BRANDON FC 33511  |
| Principal office address MUST BE A STREET ADDRESS)   | BRANDON FC 33511   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                                    |  |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here |  |
| Name of New Registered Agent: FRIT-  | 2 CLEON TRIBULAN   |
| New Registered Office Address: 2856  | Enter Florida street address   |
| BRAZ   | UD04 5 , Florida 335//   |
|  | City Zip Code  |

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ting filed to merely reflect a change in the registered office address, Like eby confirm that the limited liability impany has been notified in writing of this change.

If Changing Registeryd 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>      | Address                                   | Type of Action  |
|--------------|------------------|---|-----------------|
| MGr          | ERNEST DOMINIQUE | 37925W16HAPACE                            | Add             |
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| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier. The 90th day after the record is filed.  |  |  |  | <u>-</u>  |   |  |  |               |             |
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| ted 10-14-18  Signature of a member or authorized representative of a member  Typed or printed name of signee  | n effect                                       | ive date is listed, the  | date must be specif  | ic and cannot be  | e prior to date of filir  | ig or more than 90 da  | iys after filing.) P                     |               |             |
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Filing Fee: \$25.00