

L10000040357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

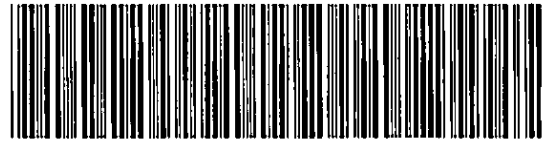
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 NOV 29 AM 9:08
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M. MILLIGAN
DEC 06 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

2018 NOV 29 6:10:38

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CLEON + SYNFAOTH 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 CLEON TRIBULAN
Name of Person

CLEON + SYNFAOTH TRANS LLC
Firm/Company

2856 Couch Hollow Dr
Address

BRANDON FL 33511
City/State and Zip Code

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

2018 OCT 22 11:51:10

Ⓢ

For further information concerning this matter, please call:

FRITZ E. TRIBULAN at (509) 590-6675
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2018 NOV 29 AM 9:10
STATE OF FLORIDA
SECRETARY OF STATE

C/EON + SYNFAOH TRANS 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 10-14-18 and assigned Florida document number L 10000040357

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)

2856 Conch Hollow Dr
BRANDON FL 33511

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:

FRITZ C/EON TRIBULAN

New Registered Office Address:

2856 Conch Hollow Dr

Enter Florida street address

BRANDON

City

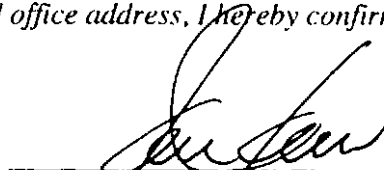
Florida

33511

Zip Code

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

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

Lined area for amending information.


Effective date, if other than the date of filing: 10-14-18 (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.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
a) The 90th day after the record is filed.

Dated 10-14-18


Signature of a member or authorized representative of a member

FRITZ CLEON TRIBUAN
Typed or printed name of signee

2018 NOV 29 AM 9:08
SECRETARY OF STATE

FILED