

L10 000040357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

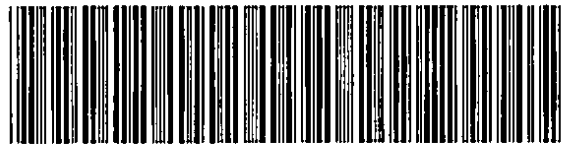
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



700365368307

05/13/21--01022--015 **25.00

FILED
2021 MAY 13 AM 4:51
TOLAHAS DEL TORO

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLEON + Syn 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 + Syn Trans LLC
Firm/Company

13106 JETER CREEK DR
Address

RIVERVIEW FL 33579
City/State and Zip Code

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

For further information concerning this matter, please call:

FRITZ CLEON TRIBULAN at (509) 590-6675
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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

TO
ARTICLES OF ORGANIZATION
OF

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 04/15/2010 and assigned
Florida document number 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)

13106 JETER CREEK DR
RIVERVIEW FL 33579

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
MAY 13 AM 4:51
CLERK OF CIRCUIT COURT
FLORIDA

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

City, Florida 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

AMBR/MGR owner	FRITZ CLEON TRIBULAN	13106 JETER CREEK	<input checked="" type="checkbox"/> Add
-------------------	----------------------	-------------------	---

		RIVERVIEW FE 33579	<input type="checkbox"/> Remove
--	--	--------------------	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

Owner			<input type="checkbox"/> Add
-------	--	--	------------------------------

	FRITZ CLEON TRIBULAN, SR		<input checked="" type="checkbox"/> Remove
--	--------------------------	--	--

	1		<input type="checkbox"/> Change
--	---	--	---------------------------------

Owner			<input type="checkbox"/> Add
-------	--	--	------------------------------

	TRIBULAN, FRITZ CLEON, SR		<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
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

2021 MAY 13 AM 4:51
CALIFORNIA
FILED

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

I WOULD LIKE TO REMOVE SR,
BECAUSE I WENT TO OPEN A BANK ACCOUNT
THEY DON'T WANT TO OPEN IT. BECAUSE MY
NAME DON'T HAVE SR ON MY DRIVER LICENCE
MY NAME ON THE DRIVER LICENCE FRITZ CLEON
TRIBULAN.

I DON'T HAVE ANY SR ON MY DRIVER LICENCE
PLEASE REMOVE SR

2021 MAY 13 AM 4:51
CLERK OF SUPERIOR COURT
JULIA

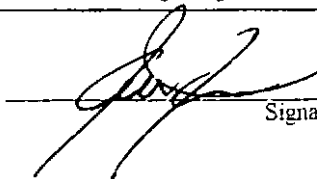
E. Effective date, if other than the date of filing: 5-8-21 (optional)

(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 5-8-21



Signature of a member or authorized representative of a member

Fritz Cleon Tribulan

Typed or printed name of signee