(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	- ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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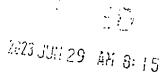
J. 2 9 2023

COVER LETTER

EFUN TR SUBJECT:	RANSPORTATION, LLC	
	Name of Limited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	LUIS MARRERO	
	Name of Person	
	RM ADJUSTING SERVICES LLC	
	Firm/Company	
	1184 SIMMONS RD D-1	
	Address	
	KISSIMMEE Ft. 34744	
	City/State and Zip Code JROHENAFIELD@GMAIL.COM	
	E-mail address: (to be used for future annual report	notification)
Lui	concerning this matter, please call: S MA (CCO) at (470) 4 (270) Area Code Day	of 6194 etime 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 Addr	Street Address Southern Provinces	<u>4</u>

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



EFUN TRANSPORTATION, LLC

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

y were filed on 09/10/2018 and assigned
bility company here:
orlity Company," the designation "LLC" or the abbreviation "L.L.C."
1184 SIMMONS ROAD STE E 🕰
KISSIMMEE FL 34744
4417 13th Street STE 545
Saint Cloud, FL 34769
address on our records, <u>enter the name of the new registered</u>
Enter Florida street address
Emer Florida Mreet adarem
, Florida
i i

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 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
COMPTE	JACKELINE ROHENA	4417 13TH ST STE 545	□Add
		SAINT CLOUD FL 34769	■Remove
			□ Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		□Add	
		Remove	
			□Add
			□Remove

	
	
	
100	
Note: If the date inserted in the	the date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 is block does not meet the applicable statutory filing requirements, this date will not be listed as t
document's effective date on th	e Department of State's records.
e record specifies a delayed efford is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2023

Typed or printed name of signee