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Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
A&J MUN	RAYOS DUMPTRUCK SER	VICES LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JONATHAN MUNRAYO	s	
		Name of Person	
	A&J MUNRAYOS DUMI	PTRUCK SERVICES LLC	2020 JUN 19
		Firm/Company	127
	1420 CELEBRATION BL	VD SUITE 200	HIO PH 3
		Address	in the second se
	CELEBRATION FL, 3474	17	REF G
		City/State and Zip Code	
	JAYMUNRAYOS@GMAI		
	E-mail address: (to be used for future annual report not	fication)
For further information of	concerning this matter, please c	all:	
JONATHAN MUNRAYOS		407 800-7476 at ()	
Name of Person			ne Telephone Number
Enclosed is a check for t	he 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 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	rporations Fallahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&J MUNRAYOS DUMPTRUCK SERVICES LLC (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)	<u></u>
(A Florida Limited Li	ability Company)	
ne Articles of Organization for this Limited Liability Company were filed on L19000010824 orida document number		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
MUNRAYOS TRANSPORT LLC		
he new name must be distinguishable and contain the words "Limited Liability"	ty Company," the designation "LLC" of	or the abbreviation "L.IC.
•		
Inter new principal offices address, if applicable:		2020
Principal office address MUST BE A STREET ADDRESS)		- अर्थो 🕒 - भारत
		景 星 二
		संद ७
nter new mailing address, if applicable:		- T
Mailing address MAY BE A POST OFFICE BOX)		- 第2 <u>:</u> <u></u>
		Er w
If amending the registered agent and/or registered office acgent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new re
em and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Flor	ida
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			□ Change
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Effective date, if other than t fan effective date is listed, the date is	he date of fili	ng:			(optional)	. 1)	- COS 0207
Note: If the date inserted in this	block does not	t meet the appli	cable statutory				
document's effective date on the	Department of	State's record	S.				
e record specifies a delayed effected is filed.	tive date, but n	ot an effective	time, at 12:01 a	.m. on the earlie	of:(b) Th	e 90th day	after the
MAY 26		2020					
Dated	1/		··				

Typed or printed name of signee