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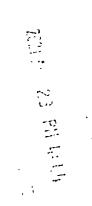
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special medications to ming emeci.

Office Use Only



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表記の配り回り

FLORIDA DEPARTMENT OF STATE Division of Communication of

August 5, 2021

REINIER GUERRA BARRIOS 2580 W 60TH ST **APT 103** HIALEAH, FL 33016

SUBJECT: MUNA TRANSPORT LLC

Ref. Number: L20000061650

We have received your document for MUNA TRANSPORT LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

__ The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

This is to advise you that on February 25, 2020, we filed your entity under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your entity to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6050.

Sincerely,

Alecia Rivers Regulatory Specialist II Amendment Section

Letter Number: 421A00018466

COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	Muna Trans	port LLC		
SOBJECT.		Name of Limit	ted Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return	n all correspor	ndence concerning this matter t	o the following:	
		Reinier Guerra Barrios		
			Name of Person	
		Muna Transport LLC		
			Firm/Company	
		2580 W 60th st. apt 103		
			Address	
		Hialcoh FL 33016		
			City/State and Zip Code	
		E-mail address: (to	nung. transport 20 Par	moul · com
For further i	nformation co	oncerning this matter, please ca		
Reinier Gue	erra Barrios		786 830-6477	
	Name of	Person	at ()	elephone Number
Enclosed is:	a check for th	e following amount:		
□ \$25.00 l	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	niling Address gistration S		<u>Street Address:</u> Registration Section	on

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

Muna Transport LLC

(A Flori	iffity Company as it now appear ida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability		25/2020	and assigned	
Florida document number L20000061650				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company he	<u>·re</u> :		
The new name must be distinguishable and contain the words "I.	LLC			
The new name must be distinguishable and contain the words "L	imited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	ORESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
The life control of the li	3 66 11			
B. If amending the registered agent and/or register agent and/or the new registered office address here		ecords, <u>enter the na</u>	me of the new registered	
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Flor	ida street address	· · · · · · · · · · · · · · · · · · ·	
	, Florida			
	City		Zip Code	
New Registered Agent's Signature, if changing Register	red Agent:			
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	complete performance of agent as provided for in C red office address, I hereb	my duties, and I am Thapter 605, F.S. Or	familiar with and ; if this document is	

If Changing Registered Agent, Signature of New Registered Agent

2021 811 23 PH IN IA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our seconds:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MNG	Reinier Guerra	2580 W 60th st apt 103 Hialeah FL 33016	= Add
			□Remove
			□Change
AMBR	Yamilexi De La Nuez	1440 E 6th ct Hialeah FL 33010	\int \Add
			□Remove
			□Add
			□Remove
			Change
			□Adđ
			□Remove
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(If an effe Note:	ective date is listed If the date inser	er than the date d, the date must be s ted in this block d date on the Depart	necific and cannot need to	or be prior to dat he applicable:	e of tiling or mo statutory filing	(option of the control of the contro	onal) filing) Pursuant to 6 s date will not be li	05,0207 (3 ssted as th
he record ord is file		ayed effective date	2, but not an et	ffective time, a	t 12;01 a.m. o	n the earlier of: (b) The 90th day at	ter the
Dated J	July 14th		20	21	1			
_				7				
		Sign	nure of a premb	COLUMN CO	representative of	of a member		
			_					

Filing Fee: \$25.00