K20000 307058

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COVER LETTER

	egistration Se ivision of Cor					
eun iect		RANS LLC				
SUBJECT	: <u></u>	Name of Lim	ited Liability Company			
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	rn all correspo	ondence concerning this matter	to the following:			
		NEBOJSA KRLJAR				
			Name of Person	1	-	
		MUNJA TRANS LLC				
			Firm/Company			
		Name of Limited Liability Company icles of Amendment and fee(s) are submitted for filing, orrespondence concerning this matter to the following: NEBOJSA KRIJAR				
			Address			
Address MIAMI, FL 33186 City/State and Zip Code						
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				and maked motification	<u></u>	
For further	information c			nuar report normeand	иг,	2.
NEBOJSA	KRIJAR			7147569)	•	
	Name o	f Person	Area Code	Daytime Tele	ephone Number	
Enclosed is	a check for th	ne following amount:				,7
\$25.00	Filing Fee		Certified Cop	У	Certificate of Certified Co	of Status &
	ailing Addres					
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Ρ.	O. Box 632	7	The	Centre of Tallal	hassee	
Ta	aHahassee, l	°L 32314	241.	o N. Monroe Str	eet, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUNJA TRANS LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L20000307058}{L20000307058}$.	were filed on SEPTEMBER 29TH, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	
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:		<i>(</i> 24
New Registered Office Address:		1021
New Registered Office Address.	Enter Florida street address	T E
	, Florida	10
	City	Zip Code : 7
New Registered Agent's Signature, if changing Registered Agent:		≡ J

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

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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
		·	□Remove
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			☐ Change ☐ Add ☐ Remove
			Remove
			□Change
·			2 □ Add
			□Remove
			□Change
			□Add
			□Remove
			70

MGR/MEMBER, NEBOJSA KI	RIJAR HAS 81% OWN	ERSHIP OF MUNJ	A TRANS LLC	
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ective date is listed, the date must be If the date inserted in this block ent's effective date on the Depar	specific and cannot be prior does not meet the applic tment of State's records	rable statutory filing	re than 90 days after filing requirements, this date	.) Pufsuant to 605 will not be list
d specifies a delayed effective da ed.	te, but not an effective t	ime, at 12:01 a.m. o	n the earlier of: (b) TI	ie 90th day afte
JUNE 3RD	2021	_·		
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