

L22000068300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

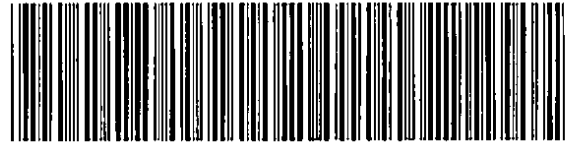
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/17/22--01002--024 **25.00

RECEIVED
2022 NOV 17 PM 12:48
TALLAHASSEE, FL
FILED
2022 NOV 30 AM 9:00
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2022 NOV 30 PM 12
TALLAHASSEE, FLORIDA

November 28, 2022

KD PROCESS

SUBJECT: JUNACO, LLC
Ref. Number: L22000068300

We have received your document for JUNACO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

List the name of the Limited Liability Company on the Articles of Amendment.

The document must be signed by a member or an authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 722A00025741

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JUNACO, 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:

Justin Coullon
Name of Person
JUNACO, LLC
Firm/Company
7901 4th ST N
Address
ST. PETERSBURG, FL 33702
City/State and Zip Code
LAXJUSTIN21@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Coullon
Name of Person at ()
Area Code Daytime 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 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

FILING

KIDPROCESS

(800) 774-363

Return this sheet with the
Filing # we will know what box to put it in for pick-

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Junaco, LLC

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

FILED
2022 NOV 30 AM 9:01
SIGNATURE SERVICE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 02/09/2022 and assigned
Florida document number L22000068300.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7901 4TH ST N

STE 300

ST. PETERSBURG, FL 33702

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

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

Multiple horizontal lines for amending information.

2022 NOV 30 AM 9:01
STATE OF ALABAMA
TALLAHASSEE, FL

FILED

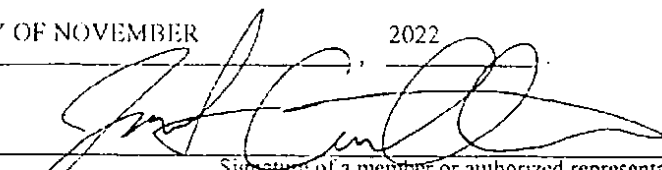
E. Effective date, if other than the date of filing: _____ (optional)

(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 16 DAY OF NOVEMBER, 2022



Signature of a member or authorized representative of a member

JUSTIN COVILLON

Typed or printed name of signee