L22000246064

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	e)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
789,623,672	
Office Use Onl	2010



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JIVESTIN OF COMPURATION

COVER LETTER

TO:

TO: Registration So Division of Cor				
Jun Transp	ortion LLC	•		
SUBJECT:	Name of Lim	ited Liability Company	•	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	_		
	Junior M. Derivois			
		Name of Person		
	<u> </u>	Firm/Company		
	5500 Clarcona pointe way	Арт 518		
		Address		22 (
	Orlando FL 32810			2.130
	derivoisjunior@gmial.com	City/State and Zip Code		≭ Coli
		to be used for future annual report notifica	ation)	22 OCT 27 PM 4: 37
For further information of	concerning this matter, please c	all:		37
Junior Derivois		407 3089012 at ()		_
Name o	f Person	Area Code Daytime T	elephone Number	
Enclosed is a check for the	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 Fe Certificate of St Certified Copy (additional copy is	tatus &
<u>Mailing Addres</u> Registration (<u>Street Address:</u> Registration Secti	on	
Division of C		Division of Corpo		
P.O. Box 632		The Centre of Tal		
Tallahaccee	FL 32314	2415 N. Monroe S	Street Stute 810	

Tallahassee, FL 32303



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2022 OCT 27 AM 8: 25

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 27, 2022

JUNIOR M. DERIVOIS 5500 CLARCONA POINTE WAY APT 518 ORLANDO, FL 32810

SUBJECT: JUN TRANSPORTION LLC

Ref. Number: L22000266064

We have received your document for JUN TRANSPORTION 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall OPS Clerk

Letter Number: 522A00021557

22 OCT 27 PH 4: 37

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
ne Articles of Organization for this Limited Liabil	ity Company were filed on June 10 2022	and assigned
orida document number L.220002666064	·	
nis amendment is submitted to amend the followir	ng:	
. If amending name, enter the new name of the	e limited liability company here:	
in Transportation LLC JUN 7	RANSPORTATION LLC	<u>N</u> <u>S</u>
e new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or t	he abbreviation L.L. [6]
nter new principal offices address, if applicable	2:	→ 2 /2 19 克克·
rincipal office address MUST BE A STREET A	DDRESS)	7 PH
		# 75 PM
		416) 37
nter new mailing address, if applicable:		
<u> Mailing address MAY BE A POST OFFICE BO</u>	<u></u>	
. If amending the registered agent and/or regis	stered office address on our records, enter the	name of the new regi
ent and/or the new registered office address he		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	
	Enter Florida street address Florid City	aZip Code

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>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Remove
			□Change
			Add
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		. 	27 PChair
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			□Remove
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Effective date, if other fan effective date is listed, to Note: If the date inserted document's effective date	he date must be specific d in this block does no	and cannot be prior to ot meet the applicab	date of filing or more that le statutory filing requ	(optional) un 90 days after filing.) airements, this date v	Pursuant to 605.0207 will not be listed as t
e record specifies a delay d is filed.	ed effective date, but	not an effective tim	e, at 12:01 a.m. on the	earlier of: (b) The	90th day after the
Dated 10/2 4	,	of Ulerin	_ ·		
	Ju Ni Signature o	of <i>H leri va</i>	zed representative of a n	aember	