

L23000200130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

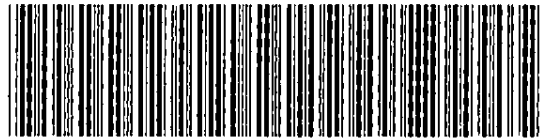
(Business Entity Name)

(Document Number)

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900414504219

*Amend*

08/24/23--01016--003 \*\*25.00

2023 DEC -6 AM 8:31

FILED

A. RAMSEY

DEC 7 2023

\*00789, 00524 00671

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Triune Transportation 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:

Jonnie Siffert  
Name of Person

Triune Transportation LLC  
Firm/Company

14534 Monrovia Ln  
Address

Fort Myers FL 33905  
City/State and Zip Code

Jonnie\_Siffert@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonnie Siffert at ( 954 ) 200-0096  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 18, 2023

JONNIE SIFFORT  
TRIUNE TRANSPORTATION LLC  
14534 MONROVIA LN  
FORT MYERS, FL 33905

SUBJECT: TRIUNE TRANSPORTATION LLC  
Ref. Number: L23000200130

We have received your document for TRIUNE TRANSPORTATION 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):

Your document is incomplete. Page 3 of the amendment form is missing. I have enclosed a blank page 3 for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Annette Ramsey  
OPS

Letter Number: 923A00021460

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2023 DEC -6 AM 8:31

Triune Transportation LLC

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

WAGS (F.F.C.)

The Articles of Organization for this Limited Liability Company were filed on 04/24/2023 and assigned  
Florida document number L23000200130.

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)

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:

Jonnie Siffert

New Registered Office Address:

14534 Manrovia Ln Fort

Enter Florida street address

Fort Myers  
City

Florida

33905  
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.*

Jonnie Siffert

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>	<u>Type of Action</u>
MGR	Jonnie M. Siffert	14534 Monrovia Ln	<input checked="" type="checkbox"/> Add
		Fort Myers FL, 33905	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jonnie M. Siffert	14534 Monrovia Ln	<input checked="" type="checkbox"/> Add
		Fort Myers FL, 33905	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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 December 2, 2023

Jennie M. Siffler  
Signature of a member or authorized representative of a member  
Jennie M. Siffler  
Typed or printed name of signee