

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

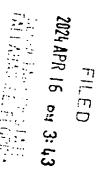
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COVER LETTER

Registration Section TO: Division of Corporations

SUBJECT:	IVANPROCONSTRUCTIONS LLC			
		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please returi	rall correspo	ndence concerning this matter	to the following:	
		MARIUSKA BRITO		
			Name of Person	
		BRITO TAX AND ACCO	UNTING CORP	
Firm/Company				
1695 NW 110TH AVE, STE 214				
	•			
		MIAMI FL 33172		
			City/State and Zip Code	
		IVANBALUJA93@GMAII		
		E-mail address: (t	to be used for future annual report notifi	ication)
For further in	nformation co	oncerning this matter, please co	all:	
MARIUSKA	A BRITO		786 354-7694	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 I	Filing Fee	S30.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

IVANPROCONSTRUCTIONS LLC

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

The Articles of Organization for this Limited Lia		on <u>09/05/2023 </u>	and assigned
Florida document number 1.23000413779	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability compa	iny here:	
BALUJA TRANSPORT LLC			
The new name must be distinguishable and contain the we	ords "Lamited Liability Company.	"the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able: N/A		
(Principal office address MUST BE A STREET	F ADDRESS)		
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE E			
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	• *	our records, <u>enter</u>	the name of the new registered
New Regimered Strice Findings.	Enter Florida street address		
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis	r and complete performan	ice of my duties, ai	nd Lam familiar with and

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			🗆 🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Ch

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A 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 _____ 2024 Signature of a member or authorized representative of a member IVAN BALUJA SANCHEZ

Typed or printed name of signee