L23000464140

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COVER LETTER

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TO: Registration S Division of Co		•			
	TRANSPORT, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	MARIBEL QUINONES				
		Name of Person			
		Firm/Company			
	4714 SEELEY ST		١		
		Address			
	KISSIMMEE FL 34758				
		City/State and Zip Code			
	amunatransport@gmail.cor	m	- 1		
	E-mail address: ((to be used for future annual report notification)			
For further information	concerning this matter, please c	all:			
MARIBEL QUINONES	S	407 587-5456			
Name	of Person	at ()	e Number		
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		Street Address:			
Registration Division of 0		Division of Corporation	Registration Section Division of Corporations		
P.O. Box 63:		·	The Centre of Tallahassee		
Tallahassee,	FL 32314	2415 N. Monroe Street,	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMUNA TRANSPORT, 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 Liability Company were filed on 10/10/2023 Florida document number L23000464140 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AMUNA SERVICES, LLC 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: New Registered Office Address: Enter Florida street address

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

__, Florida ___

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

Title	Name	Address	Type of Action
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			□Change
			
			□Remove
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etive date, if other affective date is listed, the first the date inserted ment's effective date.	m this block does n	tot meet the applical	o date of filing or mole statutory filin	ore than 90 days after grequirements, this	onal) r filing.) Pursuant to 605.03 s date will not be listed
ord specifies a delayo filed.	d effective date, but	not an effective tin	ie, at 12:01 a.m.	on the earlier of: (b) The 90th day after th
J MAY 6		2024	- ·		
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Filing Fee: \$25.00