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2021-NOV 15 PH 4: 1



COVER LETTER

3000ECT	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	MARCUS MORIBA		
		Name of Person	
Division of Corporations JUNKED LLC SUBJECT: Name of the enclosed Articles of Amendment and fee(s) are Please return all correspondence concerning this management of the Marcus Moriba Marcus Moriba Junked Llc 22119 26TH AVE E BRADENTON, FL 3- INFO@JUNKEDFL.C E-mail addr For further information concerning this matter, please Marcus Moriba Name of Person Enclosed is a check for the following amount: \$\begin{align*}	JUNKED LLC		
		Firm/Company	
	22119 26TH AVE E		
		Address	
	BRADENTON, FL 34211		
	INFO@ILINK FDFL COM	City/State and Zip Code	
		to be used for future annual report no	otification)
For further information of	concerning this matter, please e	all:	
MARCUS MORIBA		941 334-8290 at ()	
Name o	f Person	Area Code Dayti	me Telephone 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Street Address:	
Registration S Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

JUNKED LLC	(- · · · · · · · · · · · · · · · · · ·	
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.24000220071 This amendment is submitted to amend the following:	2024 HOV 15 DO	med
A. If amending name, enter the new name of the limited liab	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	oility 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: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
3. If amending the registered agent and/or registered office egent and/or the new registered office address here:	address on our records, enter the name of the new	regis
Name of New Registered Agent:		
Name of New Registered Agent:	Enter Florida street address	
Name of New Registered Agent:	Enter Florida street address, Florida City Zip 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>	Address	Type of Action
AMBR	JORDAN CUMMINGS	26352 DEEP CREEK BLVD	
		PUNTA GORDA, FL 33983	Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□ Change
			🗀 Add
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ffective date, if other than the date an effective date is listed, the date must be spiote: If the date inserted in this block document's effective date on the Department.	pecific and cannot be prior to oes not meet the applicab	date of filing or more than	90 days after filing.) Pursuant t	o 605.020 e listed as
record specifies a delayed effective date l is filed.	, but not an effective tim	e, at 12:01 a.m. on the e	arlier of: (b) The 90th day	after the
October 31st	2024			
ated	 ·			
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	100016	~_ /		
Signa	ture of a member or authori	zed representative of a mer	nher	

Filing Fee: \$25.00