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SE DIE STALE TALLANDASSEE FLORIDA

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## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

P.O. Box 6327

Tallahassee, FL 32314

subject: <u>SEM.</u>	I KINGS TRA	ANSODRT LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	James Earl	Holman Jr. Name of Person	
	SEMI KING	GS TRANSPORT ( Firm/Company	
	6781 langf	Ford Street Address	
	JCCKSonville	FI 32215 City/State and Zip Code	
	ari ohnsons	1 0 10 hour com	ication)
For further information c	oncerning this matter, please ca	oli:	ئى
James Hol Name o		at ( <u>904</u> ) <u>466-</u> Area Code Daytime	4241 Telephone Number
Enclosed is a check for th	ne following amount:		,
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 10 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	tion
Division of C	orporations	Division of Corp	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEHT KINGS TRANSPORT ILS

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on 06 16120 and assigned
Torida document number 120000 1660 84.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
SEMI KINGS LLC	
The new name must be distinguishable and contain the words "Limited Liability	y 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)	
Tincipal office address MOST BE A STREET ADDRESS	
	()
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
3. If amending the registered agent and/or registered office ac	ddress on our records, enter the name of the new registe
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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.

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

Title	<u>Name</u>		Address	Type of Action
<u>AMBe</u>	James	Farl Holmandr	. 6781 Langford Street	®⁄Add 322) 9
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tive date, if other	er than the date of file the date must be specific.	ing: 00 - 01 - a	of filing or more than 90 day	<b>(optional)</b> /s after filing.) Pursuant to 605.0
If the date insert	ed in this block does no	ot meet the applicable s		ts, this date will not be listed
ment's effective da	ate on the Department o	of State's records.		
	yed effective date, but i	not an effective time, a	12:01 a.m. on the earlier	of: (b) The 90th day after t
iled.				
J		<u> </u>		
	Signature of	a member or authorized	representative of a member	
			•	