

L23000471535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

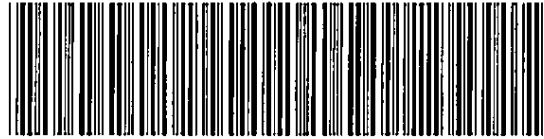
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KYP Logistics 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:

Jenny Ramlakhan
Name of Person

Firm/Company

1906 sw 82 terrace
Address

North Lauderdale FL 33068
City/State and Zip Code

KYPLogisticsLLC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenny Ramlakhan at (954) 955-00416
Name of Person Area Code Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FL

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Enclosed is a check for the 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)

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**

KYP logistics 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 Jan 11 2024 and assigned Florida document number L23000471535.

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)

1906 sw 82 terrace
North Lauderdale FL 33068

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1906 sw 82 terrace
North Lauderdale FL 33068

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:

Jenny Ramlathun

New Registered Office Address:

1906 sw 82 terrace

Enter Florida street address

North Lauderdale FL 33068


City

State

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Ambr	Samuel Buwn	250 NW 43 rd terrace.	<input type="checkbox"/> Add
		Apt 10 Lauderdale 71 33313	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	 Jenny Ramkikhan	 19010 SW 82 nd terrace.	<input type="checkbox"/> Add
		Apt 10 Lauderdale 71 33313	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Ambr	Jenny Ramkikhan	19010 SW 82 nd terrace.	<input type="checkbox"/> Add
		North Lauderdale 71	<input type="checkbox"/> Remove
		33008	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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 603.0207 (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

Jan | 1 | 2024

Signature of a member

Signature of a member or authorized representative of a member

Jenny Ram Lakhan

Typed or printed name of signee

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2014 JAN -8 PM 2: 28
SECURITY DIVISION
U.S. DEPARTMENT OF JUSTICE
(2) Pursuant to 602.0207 (3)(b)