L060000082919

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

Office Use Only



800211808588

09/09/11--01018--003 **25.00

11 SEP -9 PM 1: 33
SECRETARY OF STATE

T. HAMPTON
SEP 1 × 2011
EXAMINER

COVER LETTER

TO:

Registrátion Section

Division of Corporations							
SUBJECT: K & R TRANSPORTA	TION AND LOGIS	TÍCS ÎTIC					
	ed Liability Company						
\$ - • • • • • • • • • • • • • • • • • •		The service of					
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.						
Please return all correspondence concerning this matter	to the following:						
The property of the second of the second of	ED SERRA	18 4 4 N					
to them are when his table but the second	Name of Person	More than the second of the se					
ED	WARD SERRA CPA						
	Firm/Company						
6118 W (CORPORATE OAKS I	DRIVE					
	Address						
CRY	STAL RIVER, FL 3442 City/State and Zip Code	29					
=	•	·					
E-mail address: (to	D@EDSERRA.COM be used for future annual repor	t notification)					
For further information concerning this matter, please ca	dl:						
ED SERRA Name of Person	at (_352)	794-3879 Paytime Telephone Number					
Name of Person	Area Code & D	aytime Telephone Number					
		*					
Enclosed is a check for the following amount:	· ·						
\$25.00 Filing Fee \$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,					
Certificate of Status	Certified Copy (additional copy is end	Certificate of Status & Certified Copy					
•	((additional copy is enclosed)					
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS:						
Division of Corporations	Registration Section Division of Corporations						
P.O. Box 6327	Clifton Building						
Tallahassee, FL 32314	2661 Executi Tallahassee, I						

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILE

11 SEP -9 PM 1: 33

K & R TRANSPORTATION AND LOGISTICS LECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our rebolds, AHASSEE, FLORIDA

(A Florida Limited Liability Company)

The Articles of Organization for this Li	mited Liability Company	were filed on	8/22/2006	and assigned		
Florida document numberL06	000082919			•		
This amendment is submitted to amend	the following:					
A. If amending name, enter the new	name of the limited liab	oility company her	<u>e</u> :			
The new name must be distinguishable an "L.L.C."	d end with the words "Lim	ited Liability Compa	my," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:		833 NE HWY	´ 19			
(Principal office address MUST BE A STREET ADDRESS)		CRYSTAL RIVER, FL 34423				
Enter new mailing address, if applica	ble:	833 NW HW)	′ 19			
(Mailing address MAY BE A POST OFFICE BOX)		CRYSTAL RIVER, FL 34423				
B. If amending the registered age registered agent and/or the new regis	nt and/or registered of tered office address her	fice address on o	our records, <u>enter f</u> l	ne name of the nev		
Name of New Registered Age	nt: EDWARD J	EDWARD J SERRA				
New Registered Office Addre	ss: 6118 W CO	6118 W CORPORATE OAKS DRIVE				
		Enter Florida street address				
		STAL RIVER	, Florida	34429		
		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 608, 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, Senature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager **MGRM** = Managing Member <u>Title</u> Name 1 Address **Type of Action MGRM KEVIN POWERS** 2755 N CROSSWATER PATH **✓** Add LECANTO FL 34461 Remove MGRM TARA POWERS 2755 N CROSSWATER PATH **✓** Add LECANTO FL 34461 Remove ☐ Add Remove ∏Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMNER 7 2011 Dated_ Signature of a member or authorized representative of a member **KEVIN POWERS**

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00