

L09000021753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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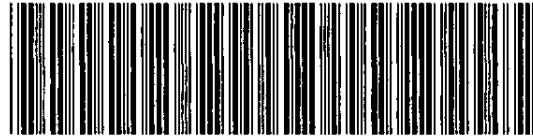
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUL 31 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KC COURIER 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:

WILLIAM E CARVAJAL

Name of Person

KC COURIER LLC

Firm/Company

24479 US HWY 19 N LOT 123

Address

CLEARWATER FL 33763

City/State and Zip Code

w_carvajal23@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM E CARVAJAL

Name of Person

at (786)

312-0583

Area Code & Daytime Telephone Number

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED

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KC COURIER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/04/2009 and assigned
Florida document number L09000021753

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 end with 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)

24479 US HWY 19 N LOT 123

CLEARWATER FL 33763

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

24479 US HWY 19 N LOT 123

CLEARWATER FL 33763

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:

WILLIAM E CARVAJAL

New Registered Office Address:

24479 US HWY 19 N LOT 123

Enter Florida street address

CLEARWATER

City

Florida

33763

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.

E. Carvajal
If Changing Registered Agent, Signature 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WILSON MARTIN	4615 WEST LEONA ST TAMPA FL 33629	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	WILLIAM E CARVAJAL	24479 US HWY 19 N LOT 123 CLEARWATER FL 33763	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

EFFECTIVE 07/21/2012 THIS LLC HAS A NEW REGISTERED AGENT AND A
MANAGER MEMBER

Dated 07/21/2012


Signature of a member or authorized representative of a member

WILLIAM E CARVAJAL
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA