

L100000039028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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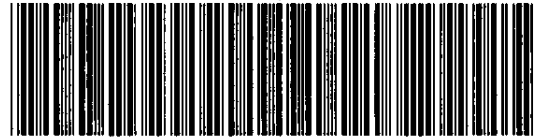
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
10 JUL - 6 PM 4:08

T. HAMPTON

JUL - 7 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Karrikom Transportation 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:

Trevor A Davis
Name of Person
Karrikom Transportation LLC
Firm/Company
830 N. Wabash Ave
Address
UK10, Fla. 33815
City/State and Zip Code
Karrikomtd10@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lloy Bryant at (813) 403 4661
Name of Person 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**

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Karrikom Transportation, LLC.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUL -6 PM 4:00

The Articles of Organization for this Limited Liability Company were filed on May 1 2010 and assigned
Florida document number 4000039028.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Karrikom Transportation, LLC.

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)

830 N. Wabash Ave
Lakeland, Fla 33815

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

830 N. Wabash Ave
Lakeland Fla 33815

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:

Woy Bryant

New Registered Office Address:

3615 Victoria Manor #1207

Enter Florida street address

Lakeland

City

Florida

Florida 33805

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.

MS. LLOY E. BRYANT

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	Randulf Garber	6437 Beachnut Dr Orlando, FL 32813	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Brandi Davis	4649 Pecan Dr. Orlando FL	<input type="checkbox"/> Add <input checked="" 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.)

Dated June 29th, 2010

Clay E Bryant
Signature of a member or authorized representative of a member
Clay E Bryant
Typed or printed name of signee

FILED
10 JUN -6 PM 4:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS