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D. SCOTT NOV 1 6 2016

## **COVER LETTER**

TO: Registration Section Division of Corpor				
SUBJECT:	Transport & Name of Limi	Services LL(		
The enclosed Articles of Am	endment and fee(s) are subs	mitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
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	)	Name of Person	0	
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	•	Firm/Company	04	
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For further information conce	rning this matter, please ca	il:	;	70 <del>-</del>
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Name of Pe	20n	Area Code Daytim	e Telephone Number	ASSENT I
Enclosed is a check for the fo	_			SZ %
\$25.00 Filing Fee	330.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of State	52 As&
		(additional copy is enclosed)	Certified Copy (additional copy is enc	

**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** ARTICLES OF ORGANIZATION **OF**

KRTransport	· é Services LLC	
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) orda Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following	Ç.	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET AD	DRESS)	<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	gistered office address on our records, <u>enter</u> <u>ddress bere</u> :	the name of the new
Name of New Registered Agent:  New Registered Office Address:		TALLAHAS
	Enter Florida street oddress , Florida	A CON ST
	City	Dip Code
New Registered Agent's Signature, if changing Registe	· <del></del>	<b>&gt;</b>
I hereby accept the appointment as registered agest provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my duties, and I am j l agent as provided for in Chapter 605, F.S. Or, ered office address, I hereby confirm that the lii	familiar with and if this document is

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

**Type of Action** Title Name James R BUSh ☐ Remove ☐ Change MBRJAMBR Kimberly ABVON 3057 NE 52nd Drive DKeechober, 41/34972 ☐ Add ☐ Remove Change □ Remove ☐ Change ☐ Add □ Remove □ Add □ Remove ☐ Change

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Typed or printed name of signee

Filing Fee: \$25.00