

LI1000115156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

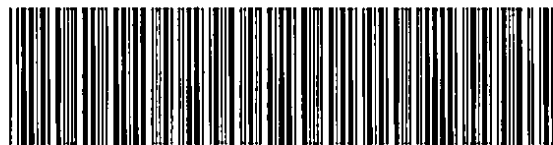
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SECRETARY OF STATE
DIVISION OF CORPORATION
18 SEP 12 AM 11:49

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SEP 14 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KC/AN Transport 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:

Marisa Brown
Name of Person

~~3200 NW 62nd Ave #438~~
Firm/Company

3200 NW 62nd Ave #438
Address

Margate, Florida 33063
City/State and Zip Code

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

For further information concerning this matter, please call:

MARISA BROWN at (954) 977-4076
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

18 SEP 12 AM 11:49
FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

KCIAN Transport 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 _____ and assigned
Florida document number 211000115156.

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**)

3200 NW 62nd Avenue #438
Margate, Florida 33063

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

3200 NW 62nd Avenue #438
Margate, Florida 33063

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:

Marisa Brown

New Registered Office Address:

3200 NW 62nd Avenue #438

Enter Florida street address

Margate Florida 33063

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 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> |
|--------------|----------------|------------------------|--|
| MGR | Cootoo Persaud | | <input type="checkbox"/> Add |
| | | 2902 Buckley Avenue | <input checked="" type="checkbox"/> Remove |
| | | Lake Worth, FL 33461 | <input type="checkbox"/> Change |
| MGR | MARISA BROWN | 3200 NW 62nd Ave #438 | <input checked="" type="checkbox"/> Add |
| | | Margate, Florida 33063 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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SECRETARY OF STATE
DIVISION OF INFORMATION
18 SEP 12 AM 11:49

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.

Dated September 10th. 2018

Signal

Signature of a member or authorized representative of a member

MARISA BROWN

Typed or printed name of signee