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SECRETARY OF STATE DIVISION OF CORPORATIONS

MAY 2 2 2012

T. HAMPTON

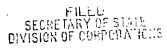
COVER LETTER,

TO: Registration S Division of Co				
SUBJECT: KeyDC Trucking, LLC				
		ted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Lakesha L. Colyer		
		Name of Person		
KeyDC Trucking, LLC				
Firm/Company				
	10344 NW 177th Place			
	Address			
	Reddick, FL 32686			
	City/State and Zip Code			
	Ke F-mail address: (eyheart7@yahoo.com to be used for future annual report notifica	tion)	
For further information	concerning this matter, please of	•	,	
roi futurei information	concerning this matter, prease c	an.		
La	ikesha Colyer		55-3139	
. Name	of Person	Area Code & Daytime T	Felephone Number	
Enclosed is a check for	the following amount:	•		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)	
	LING ADDRESS: stration Section	STREET/COURIE Registration Section	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



\$2 MAY 21 PM 2: 43

Ke	PYDC Trucking, LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appearida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabil Florida document numberL1200006246		May 09, 2012 and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	any," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	<u> </u>		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>	•	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Fr	ter Florida street address	
	Linei 1 toi taa su eet aaaress		
_	City	, Florida 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, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member **Type of Action Title** <u>Name</u> Address **MGRM** Lakesha Colyer 10344 NW 177th Place ✓ Add Reddick FL 32686 Remove Tammy McCants MGR 17657 N HWY 329 ∏ Add ✓ Remove Reddick FL 32686 MGR Cornelia McCants Add 17657 N Hwv 329 Reddick FL 32686 | Remove **Tammy McCants ✓** Add 17657 N Hwy 329 Remove Reddick, FL 32686 Cornelia McCants √ Add 17657 N. Hwy 329 Reddick FL 32686 Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) I am amending the titles of the two listed as removed above. They are members but they will not operate in the capacity as managers. I would also like to list Daniel Reaves as MGRM. May 17 2012 Dated Signature of a member or authorized representative of a member Lakesha Colyer

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00