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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section
Division of Corporations

KEEP ON TRUCKING 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:

YORAIMA CALDERA

Name of Person

KEEP ON TRUCKING TRANSPORT LLC

Firm/Company

6035 NW 104TH PATH

Address

DORAL, FL 33178

City/State and Zip Code

yoraima2008@hotmail.com

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

For further information concerning this matter, please call:

YORAIMA CALDERA

_.,8**5**0,629-7534

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, PL 32314

STREET/COURIER ADDRESS:

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



August 19, 2014

YORAIMA CALDERA 6035 NW 104TH PATH DORAL, FL 33178

SUBJECT: KEEP ON TRUCKING TRANSPORT LLC

Ref. Number: L14000008313

We have received your document for KEEP ON TRUCKING TRANSPORT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 914A00017808

BIVISION OF COME SECTION

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEEP ON TRUCKING I			 _
(Name of the Lin	(A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Florida document number <u>L14000008313</u>	Liability Company	were filed on 08/29/2014	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	vility company here:	
The new name must be distinguishable and end with th	e words "Limited Lia	bility Company." the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if apple	icable:	6035 NW 104TH PATH	
(Principal office address MUST BE A STREET ADDRESS)		DORAL, FL 33178	
Enter new mailing address, if applicable:		6035 NW 104TH PATH	AUG
(Mailing address MAY BE A POST OFFICE	E <u>BOX)</u>	DORAL, FL 33178	න දිවු
			4 59
			与 對
B. If amending the registered agent and registered agent and/or the new registered of			the name of the ne
Name of New Registered Agent:	YORAIMA	CALDERA	
New Registered Office Address:	New Registered Office Address: 9461 EVERGREEN PLACE # 306 Enter Florida street address		
	DAVIE		

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 freely confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Name CHRISTIAN SANDOVAL	Address 5125 NW 116 CT DORAL, FL 33178	Type of Action ☐ Add ☐ Remove
CHRISTIAN SANDOVAL		
	DORAL, FL 33178	= Remove
STEFANO DELLI COLLI	6035 NW 104TH PATI	H B Add
	DORAL, FL 33178	□ Rémove
· · · · · · · · · · · · · · · · · · ·		□ Add □ Remove
		Add
•		AUG 18 Pt 4: 2mpve
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Effective da	te, if other than the date of filing: 08/29/2014	(optional)
the date this d	ate must be specific, cannot be prior to date of receipt or filed date and cannot be no ocument is filed by the Florida Department of State)	iore than 90 days after
Dated AU	GUST 29 2014	
	905	
	Signature of a member or annonized representative of	a member
<u> </u>	ORAIMA CALDERA	
	Typed or printed name of signed	

Page 3 of 3

Filing Fee: \$25.00