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(Re	equestor's Name)				
(Ac	ldress)				
(Ac	ldress)				
(Address) (Address) (City/State/Zip/Phone #) DICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:					
PICK-UP	MAIT	MAIL			
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(Do	ocument Number)				
Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer:				

Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp		± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±	~ ; ·
SUBJECT: Kel	Vin Boar U	ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	idence concerning this matter t	to the following:	
•	Kelvin	Name of Person	
	Ktk	Firm/Company	
	3433 K	Saffy Court	
	<u>lakeloral</u>	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	dl:	
Kelow F Name of	Sour Person	at (863) Q34 Area Code Daytime	-9073 Telephone Number
Enclosed is a check for th	e 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

- Melvin P	caso !				
(<u>Name of the Limit</u>	ed Liability Compar (A Florida Limited L	ny as it now appears on iability Company)	our records.		
The Articles of Organization for this Limited L	iability Company	were filed on <u>09-</u>	19-14	and ass	igned
Florida document number LI 400014	_				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liabi	lity company here:			
KTK Trucking LL					
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," the design	nation "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	T ADDRESS)			<u> </u>	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	BOX)				
				fire	
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of	fice address on ou	r records, <u>ente</u>	er the name	of the new
registered agent and/or the new registered or	nce address here	•		\$ P	
Name of New Registered Agent:	Kolois	Prom			t Here,
ivaine of New Registered Agent:	1767011			CO CO	£
New Registered Office Address:	3433	Kally Co	<u> </u>		70
	\ \ \ .	Enter Florida s	treet address		gard in
	<u>lakul</u>	lar	, Florida	33810	
		City		Zip Code منتز	

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.

f Changing Registered Agent, Signature of New Registered Agent

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on effective date is one effective date in one of the date in ocument's effective	nstea, the date mus nserted in this bl	st be specific at lock does not	meet the ap	plicable stat	ming or mor	e than 90 da requireme	ys after fil	ing.) Pursu	ant to 6 ot be li	05.020 sted a
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Filing Fee: \$25.00