

L14 000153747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

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MAIL

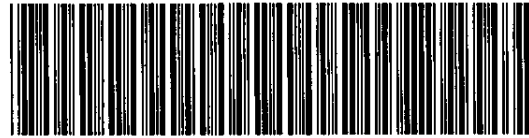
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 21 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KSD TRANSPORTATION 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:

SANA SALAM

Name of Person

KSD TRANSPORTATION (LLC)

Firm/Company

400 GARNET POINT LN, 107

Address

ORLANDO - FL - 32824.

City/State and Zip Code

Sana.salam@live.com

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

For further information concerning this matter, please call:

SANA SALAM

Name of Person

at (321)

Area Code

948-6551.

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, FL 32314

STREET/COURIER ADDRESS:

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

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:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SANA SALAM	400 GARNET POINT LN, 107	<input checked="" type="checkbox"/> Add
		ORLANDO, FL, 32824	<input type="checkbox"/> Remove
MGR	MOHAMMAD AMIR SALAM	400 GARNET POINT LN, 107	<input type="checkbox"/> Add
		ORLANDO, FL, 32824	<input checked="" type="checkbox"/> Remove
AMBR	MOHAMMAD AMIR SALAM	400 GARNET POINT LN, 107	<input checked="" type="checkbox"/> Add
		ORLANDO, FL, 32824	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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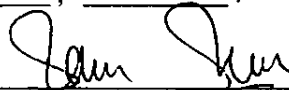
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10 - 16 - 2014



Signature of a member or authorized representative of a member

SANA SALAM.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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