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TO		legistration Se livision of Cor					
CI.	ID IECT	KIMBO'S	TRUCKING TAMPA LIMITED LIABILITY COMPANY				
Name of Limited Liability Company							
Th	e enclos	sed Articles of	Amendment and fee(s) are submitted for filing.				
Ple	ase reti	ırn all correspo	ondence concerning this matter to the following:				
			Tarshee Jackson				
			Name of Person				
			KIMBO'S TRUCKING TAMPA LIMITED LIABILITY COMPANY				
			Firm/Company				
			6212 N 38th St				
			Address				
			Tampa, Fl. 33610				
			City/State and Zip Code				
			te739@aol.com				
			E-mail address: (to be used for future annual report notification)				
Fo	r further	r information c	concerning this matter, please call:				
Ta	rshee Ja	ackson	813 850-1137				
		Name o	at () of Person Area Code Daytime Telephone Number				
En	closed i	s a check for th	he following amount:				
	\$25.00	Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &				
		ARROLD	(additional copy is enclosed) 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

KIMBO'S TRUCKING TAMPA LIMITED LIABILITY COMPANY (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 02/04/2015 and assigned Florida document number L15000021521 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KIMBO'S TRUCKING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida 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

If Changing Registered Agent, Signature of New Registered

2: 45

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to date of filing to does not meet the applicable statutory	g or more than 90 days	optional) after filing.) Pursua this date will no	nt to 605.0 t be listed
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Tarshee Jackson			28 ARY 0 SSEE	
-	Typed or printed name of sign	nee	P 2:)F STA . F L OF	O
	Page 3 of 3		SE 15	

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