

L15000059752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

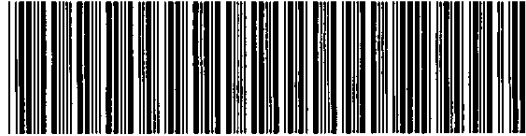
(Business Entity Name)

(Document Number)

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FILED
2015 JUL -6 PM 4:45
ALABAMA SECRETARY OF REVENUE

K. SALY
EXAMINER
JUL -8 2015

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Koiv transportation services 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:

William Broadus
Name of Person

Koiv transportation services LLC
Firm/Company

20533 Biscayne Blv suite 804
Address

Aventura FL 33179
City/State and Zip Code

Will4Koiv@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Broadus at (305) 450-8896
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED
2015 JUL -6 PM 4:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

Koiv transportation services LLC
(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 3-16-15 and assigned Florida document number L15000059752.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

20533 Biscayne Blvd Suite 804
Aventura FL 33180
21230 NE 9th Ct #2
Miami FL 33179

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

21230 NE 9th Ct #2
Miami FL 33179
20533 Biscayne Blvd Suite 804
Aventura FL 33180

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:

N/A

New Registered Office Address:

N/A
Enter Florida street address

N/A, Florida N/A
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 company has been notified in writing of this change.

N/A

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	William Broadus	21230 NE 9th Ct #2	<input type="checkbox"/> Add
		Miami FL 33179	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	Ivania Jarquin	21230 NE 9th Ct #2	<input type="checkbox"/> Add
		miami FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ivania Jarquin	21230 NE 9th Ct #2	<input type="checkbox"/> Add
		Miami FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
owner	William Broadus	21230 NE 9th Ct #2	<input type="checkbox"/> Add
		miami FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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