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| Special Instructions to Filing Officer: | | | | | |
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Division of Corporations

October 18, 2018

KELSEY BRADY 2005 E CENTAL BLVD, STE D ORLANDO, FL 32803

SUBJECT: KPB TRANSPORTATION, LLC

Ref. Number: L16000010831

We have received your document for KPB TRANSPORTATION, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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.

Letter Number: 518A00021283

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE Division of Corporations



June 7, 2018

KELSEY BRADY 2005 E CENTRAL BLVD, STE D ORLANDO, FL 32803

SUBJECT: KPB TRANSPORTATION, LLC

Ref. Number: L16000010831

We have received your document for KPB TRANSPORTATION, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P12000076607.

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

Octavia L Simmons Regulatory Specialist III

Letter Number: 818A00011916

COVER LETTER

| TO: | Registration Se Division of Cor | | | | | | |
|--------|------------------------------------|---|---|---|--|--|--|
| | | KPB Transportation | n, LLC Change of Name | | | | |
| SUBJ | Name of Limited Liability Company | | | | | | |
| The c | enclosed Articles of | Amendment and fec(s) are sub- | mitted for filing. | | | | |
| Pleas | e return all correspo | ndence concerning this matter | to the following: | | | | |
| | | | Kelsey Brady | | | | |
| | | | Name of Person | | | | |
| | | κ | PB Transportation, LLC | | | | |
| | | | Firm/Company | · | | | |
| | | 2005 1 | Fast Central Blvd Suite D | | | | |
| | | Address | | | | | |
| | | | Orlando, Florida 32803 | | | | |
| | | ht | City/State and Zip Code | | | | |
| | | kbserv16@gmail.com E-mail address: (| to be used for future annual report notific | cation) | | | |
| For fi | urther information c | oncerning this matter, please ca | | | | | |
| | Name o | f Person | at () Area Code Daytime | Telephone Number | | | |
| Enclo | osed is a check for the | ne following amount: | | | | | |
| □ s | 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

TO ARTICLES OF ORGANIZATION OF

| KPB Transport | ation, LLC | |
|---|--|-----------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited l | ny as it now appears on our rec Liability Company) | (ords.) |
| The Articles of Organization for this Limited Liability Company L16000010831 Florida document number | were filed onJanuary | y 15, 2016 and assigned |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| Sovereign Service | es, LLC | |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation " | LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 2005 East Central Blvd | |
| | Suite D | 7.5 |
| Principal office address MUST BE A STREET ADDRESS) | Orlando, Florida 32803 | ろ · |
| Inter new mailing address, if applicable: | 2005 East Central Blvd | -0 |
| • | Suite D | . A 2 |
| Mailing address MAY BE A POST OFFICE BOX) | Orlando, Florida 32803 | ယု |
| 3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address: | ffice address on our rece e: Enter Florida street ac | |
| • | | . 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 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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| E. Effective date, if other than the date of filing (If an effective date is listed, the date must be specific and Note: If the date inserted in this block does not m document's effective date on the Department of S | (optional) eannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(neet the applicable statutory filing requirements, this date will not be listed as the tate's records. |
| f the record specifies a delayed effective d b) The 90th day after the record is filed. | ate, but not an effective time, at 12:01 a.m. on the earlier of: |
| Dated | nember or authorized representative of a member |
| <u>Kelsey</u> | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

or removed from our records.

. MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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