(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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# **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	KKK Trans	porter LLC		
object.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Etien Hurtado		
			Name of Person	
		<del></del>	Firm/Company	
		8891 Brighton Ln Ste 105	5	
			Address	
		Bonita Springs, FL 34135		
		etienhurtado@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
Etien Hurtac	lo		239 822-5469 at ( )	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	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:** 

TO:

**Registration Section** 

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

KKK Transporter LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company lorida document number L16000028291	were filed on February 10, 2016 and assigned
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	dlity company here:
& K Transporter LLC	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	8891 Brighton Ln Ste 105
rincipal office address MUST BE A STREET ADDRESS)	
	***BONITA SPRINGS *** , FL 34135
nter new mailing address, if applicable:	8891 Brighton Ln Ste 105
<u> 1ailing address MAY BE A POST OFFICE BOX)</u>	
	***BONITA SPRINGS*** , FL 34135
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	e:
Name of New Registered Agent:	20 AA 20 AA
New Registered Office Address:	<u> </u>
	Enter Florida street address
	, Florida
	City Cip 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

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

MGR =	Manager
AMBR =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing or mo  te: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursua requirements, this date will no	int to 605.02 it be listed
record specifies a delayed effective date, but not an effective ti The 90th day after the record is filed.	me, at 12:01 a.m. on the	e earlier
ted $\frac{2/23/16}{}$ .		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00