116000143053

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	 -
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u>. </u>
Certified Copies	_ Certificates	s of Status
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SECRETARY OF SIGHE DIVISION OF CORPORATION

N COOPER JUN 21 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KLL Transport 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:	
Keandre L Laster Name of Person	-
KLL Transport LLC Firm/Company	-
5107 Burlington Aue	-
Pen SA COLA, FC 32505 City/State and Zip Code	-
Lemail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Keandre Laster at (850) 712-2312 Name of Person Area Code Daytime Telephone Number	r
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ate of Status &

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

	ansport LLC
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	empany were filed on 8-1-2016 and assigned
Florida document number <u>L16000143053</u>	·
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRI	<u> </u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	→ #####
	2: <u>4</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our records, enter the name of the neess 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 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 or removed from our records:

MGR =	Manager,	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AP_	<u>Cielita L Johnson</u>	5107 Builington Ave	
		Pensacola, FL 32505	▼ Remove
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	serted in this block does e date on the Departme			ing requirements, this	; date will not be list	ed
	es a delayed effect		not an effective	e time, at 12:01 a	a.m. on the earli	er
The 90th day a	after the record is t	filed.				
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ted	6 -	10. 201	<u> </u>			
	H. Jast Signatur	tu				

Page 3 of 3

Filing Fee: \$25.00