LK0000162720

(Requestor's Name)		
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COVER LETTER

	legistration Se division of Corp					
eun ir ca	K & J TRA	NSIT LLC				
SUBJECT	ı:	Name of Lim	ited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	ırn all correspo	ndence concerning this matter	to the following:			
		KAYLA T. GALVAN				
Name of Person						
		K&JTRANSIT LL	- -			
			Firm/Company	 		
1727 VILLAGE BLVD APT 206 Address						
		WEST PALM BEACH, FI	2 33409		16 C	ALL!
			City/State and Zip Code			製
		E-mail address: (to be used for future annual report notification)		ication)	<u> </u>	38E
For further	r information co	oncerning this matter, please ca	·	<i>(Californ)</i>	16 OCT 17 PH 4: 47	
KAYLA	Γ. GALVAN		561 452-4013 at ()		<u> </u>	
	Name of	f Person		: Telephone Number		
Enclosed i	s a check for th	ne following amount:				
\$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 enclose		
	MAUL	ING ADDRESS:	STREET/COURT	FR ANNRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO , ARTICLES OF ORGANIZATION OF

K & J TRANSIT LLC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	i <mark>v as it now appears on our records.</mark>) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L16000162720</u> .	were filed on 8/30/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	
	76 OC A
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

City

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>	Address	Type of Action
MGR	FLOYD DAVIS	5222 STACY ST. APT 24	
		WEST PALM BEACH, FL 33417	■ Remove
		-	☐ Change
MGR	GENESIS MANUEL MERCEDES	519 SE 1ST ST.	■ Add
		BELLE GLADE, FL 33430	Remove
			Change
			ASEURE Reference Alli
			Change PH L
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her than the date of filing:	(optional) ling or more than 90 days after filing.) Pursuant to 605.0207 (
erted in this block does not meet the applicable statute	ory filing requirements, this date will not be listed as the
date on the Department of State's records.	
e a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the earlier of:
ter the record is filed.	ective time, at 12.01 a.m. on the earner or.
3 2016	
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Typed or printed name of signee

Filing Fee: \$25.00