

LN000162720

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(Address)

(Address)

(City/State/Zip/Phone #)

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S. YOUNG

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K & J TRANSIT 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:

KAYLA T. GALVAN

Name of Person

K & J TRANSIT LLC

Firm/Company

1727 VILLAGE BLVD APT 206

Address

WEST PALM BEACH, FL 33409

City/State and Zip Code

KAYLAGALVAN511@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAYLA T. GALVAN

561 452-4013
at ()

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

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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 | FLOYD DAVIS | 5222 STACY ST. APT 24 | <input type="checkbox"/> Add |
| | | WEST PALM BEACH, FL 33417 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | GENESIS MANUEL MERCEDES | 519 SE 1ST ST. | <input checked="" type="checkbox"/> Add |
| | | BELLE GLADE, FL 33430 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 13, 2016

Kayla T. Galvan
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

KAYLA T. GALVAN

Typed or printed name of signee