

L/7000045856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

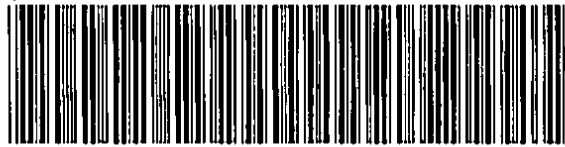
(Business Entity Name)

(Document Number)

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2017 JUL 31 AM 9:28  
CLERK OF DISTRICT COURT  
HALLAMSBURG, FLORIDA

AUG 02 2017  
J. HARRIS

# COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **KBOSS TRANSPORTATION 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:

**BARBARA STRATOS**

Name of Person

**KBOSS TRANSPORTATION LLC**

Firm/Company

**4754 NW 107TH AVE SUITE 912**

Address

**MIAMI, FL 33178**

City/State and Zip Code

**admin@cmsbusinesscorp.com**

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

For further information concerning this matter, please call:

**BARBARA STRATOS**

**786**

**5536270**

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

KBOSS TRANSPORTATION LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/26/2017 and assigned

Florida document number L16000183768 L17000045856

This amendment is submitted to amend the following:

**. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS**

4754 NW 107TH AVE

DORAL, FL

33178

**Enter new mailing address, if applicable:**

**Mailing address MAY BE A POST OFFICE BOX**

8600 NW SOUTH RIVER DR OFFICE 107

MEDLEY, FL 33166

**. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

CMS BUSINESS CORP

New Registered Office Address:

8600 NW SOUTH RIVER DRIVE SUITE 107

*Enter Florida street address*

MEDLEY

*City*

Florida 33166

*Zip Code*

**Now 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

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

IGR = Manager  
 MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
IGR	BARBARA STRATOS	3575 NW 14TH ST	<input type="checkbox"/> Add
		MIAMI, FL 33125	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2017 JUL 31 4M 56:28  
 2000 EAST 1ST STREET  
 FALL HARBOR FL 33924

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

IN ARTICLES II OF ORGANIZATION REMOVE REMOVE THE ACTUAL ADDRESS FOR:

4754 NW 107TH AVE DORAL, FL 33178

ADD IN ARTICLES III:

CMS BUSINESS CORP

8600 NW SOUTH RIVER DR SUITE 107 MEDLEY, FL 33166

IN ARTICLE IV REMOVE:

BARBARA STRATOS 3575 NW 14TH ST MIAMI, FL 33125

E. Effective date, if other than the date of filing: 07/26/2017 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated JULY 26TH, 2017

Signature of a member or authorized representative of a member

BARBARA STRATOS

Typed or printed name of signee

FILED  
2017 JUL 31 AM 9:28  
STATE OF FLORIDA  
TALLAHASSEE