L17000075017

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Office Use Only



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10/28/21

COVER LETTER

TO:

Registration Section Division of Corporations

	TRANSPORTATION LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	ondence concerning this matte	r to the following:				
	TALAL EL KANI					
		Name of Person		-		
	EL KANI TRANSPORTA	ATION LLC				
		Firm/Company		•		
	12559 CRUXBURY DR			S	2	
		Address		TAT ACR	921 (
	WINDERMERE, FL 347	86		ETAI)CT	FILED
		City/State and Zip Code		TARY OF STAI AHASSEE, FL	<u>. </u>	
				SE 0	PH	
		to be used for future annual report notifica	tion)	FΑ	<u> </u>	U
For further information of	concerning this matter, please o	all:		, <u>E</u>	~	
TALAK EL KANI		407 460-2233				
Name c	of Person	Area Code Daytime To	elephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fil Certificat Certified (additional of	e of Statu Copy		
Mailing Address Registration S Division of C P.O. Box 632 Tallahassec, I	Section forporations 7	Street Address: Registration Section Division of Corpore The Centre of Talls 2415 N. Monroe S	rations ahassee	10		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EL KANI 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 $\frac{04/03/2017}{1}$ _____ and assigned Florida document number L17000075017 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MARRAKESH EXPRESS LOGISTICS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviant Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. 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: New Registered Office Address: Enter Florida street address , Florida

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			_ □Remove
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Filing Fee: \$25.00