

117000075017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

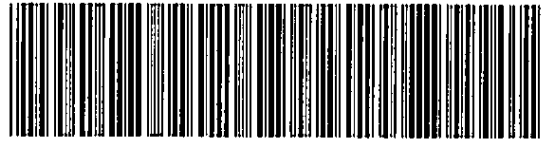
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800374341748

10/14/21--01006--012 **25.00

FILED
2021 OCT 14 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FL

YS
10/23/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EL KANI 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:

TALAL EL KANI

Name of Person

EL KANI TRANSPORTATION LLC

Firm/Company

12559 CRUXBURY DR

Address

WINDERMERE, FL 34786

City/State and Zip Code

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

FILED
2021 OCT 14 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

TALAK EL KANI

407

460-2233

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
2022 OCT 14 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2021 OCT 14 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2021 OCT 14 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FL

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 11 2011

TALAL EL KANI

Filing Fee: \$25.00