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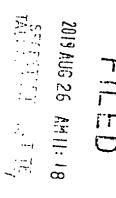
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COVER LETTER

TO: Registration Se Division of Cor		•	* * * * * * * * * * * * * * * * * * *
SUBJECT: K&	5 Trucking	transport L	LC_
	Name of Lipi	aea trianittis Comban	
The enclosed Articles of	Amendment and fee(s) are sub	uitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Rosendo	Plartinez Name of Person	·
		Firm/Company	
	1 34881	SUA NTE	
	Homestea	Address City/State and Zip Code	33
	martinezy	(05evdo 5400) to be used for future annual report notifi	
For further information c	oncerning this matter, please co	all:	
hosendo	Waturez	at (286) 378-	0704
Name c	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$2.\$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)
MAIL	ING ADDRESS:	STREET/COURH	ER ADDRESS:

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

K8J trucking train	usport LLC
(Name of the Limited Liability Compa- (A Florida Limited I	
The Articles of Organization for this Limited Liability Company Florida document number <u>L\800002705H</u> .	were filed on Ol/20/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab K & J Forming And Truc The new name must be distinguishable and contain the words "Limited Liabile	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	188 NE 13th Ave Homotend, Fl, 32033
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	188 NE 13th Ave Romential, Fl 33033
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zip (doth)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ve to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
11 Class	nging Registered Agent. Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			☐ Remove
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Filing Fee: \$25.00