118000065956

	_	
(Re	equestor's Name)	-
(Ad	dress)	
	dress)	
(Au	diess)	
(Cit	ty/State/Zip/Phone #))
_	_	
PICK-UP	☐ WAIT	MAIL
	siness Entity Name)	
(50	Sinces Entity (Marrie)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



700332665227

08/05/19--01029--020 **25.00

AUG 0 9 2019 S. YOUNG

COVER LETTER

TO: **Registration Section** Division of Corporations KRAG TRANSPORTS LLC SUBJECT: 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: ROBERT ULYSSE Name of Person Firm Company 9348 HAWKS POINT DR Address JACKSONVILLE, FL 32222 City/State and Zip Code ROBULTE@ YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROBERT ULYSSE 626-0068 Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60,00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy fadditional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

K R A G TRANSPORTS

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability (company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000065956</u>	were filed on 03/13/2018	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" e	or the abbreviation "L L.C."	
Enter new principal offices address, if applicable:		- <u>.</u>	
(Principal office address MUST BE A STREET ADDRESS)		. 20	
		(,)	
		in the	
Enter new mailing address, if applicable:		<u>-9 7</u>	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	<u> </u>	
		2	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:		enter the name of the nev	
New Registered Office Address.	Enter Florida street address		
	. Flori	, Florida	
	City	Zip Code	
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.	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is	
If Cha	nging Registered Agent, Signature of S	Sew 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>	Type of Action
MGR	ANTHONY DARELUS	13841 DEVAN LEE DR N JACKSONVILLE FL 32226	_ ■ Add
			Bemove
			☐ Change
			Add
			Remove
		□ Change	
			□ Add
			☐ Remove
			☐ Change
		□ Remove	
		☐ Change	
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change

	······································
E. Effec	tive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Datec	1 8/1/17
	Signature of a member of appointed representative of a member
	Signature of a nember of agrantized representative of a member
	ROBERT ULYSSE V

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00