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Office Use Only



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FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KTM Transport, 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:
Marcus Courtney Name of Person
Name of Person
Firm/Company
11771 Cherry Bark Dr. E
Jacksonville, FL 32218 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marcus Courtney at (561) 537.0764 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$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

KIN Iransport LL	C	
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LI 8 DDDO 73249</u> .	were filed on March 21, 2018	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbre-	viation "L.L.C."
Enter new principal offices address, if applicable:		→ > 0
(Principal office address MUST BE A STREET ADDRESS)		SECRE ALLAI 18 AP
		SSE SEE
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		89. LOS
		17 TE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agree	ee to act in this capacity. I further agree	to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 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 Title **Address** Type of Action Name Marcus Courtney 11771 Cherry Bark Dr. E AMBR Jacksonville, FL 32218 □ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add _□ Remove ☐ Change □ Add _□ Remove ☐ Change ☐ Add ☐ Remove

☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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E. Effective date, if other than the date of filing:	05.020° sted as	7 (3)(b) s the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear (b) The 90th day after the record is filed.	lier o	f:
Dated 17 April , 2018		
Marcus Courtney Signature of a member of authorized representative of a member		
Marcus Courtney Typed or printed name of signee		

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Filing Fee: \$25.00