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COVER LETTER Registration Section TO: **Division of Corporations** KĪNS TRUCKS 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: CRISTINA GALVIS Same of Person KINS TRUCKS LLC Firm/Company 1820 N CORP LAKES BLVD STE 204 Address WESTON/FL 33326 City/State and Zip Code germanrojas01@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 3021489 CRISTINA GALVIS 754 at (_ Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KINS TRUCKS LLC

KINS TRUCKS LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on FLORIDA and assigned	
The Afficies of Organization for this Elimited Liability C	Company were fried on and assigned	
Florida document number L18000080182	 ¦	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mitted Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD.	RESS	
Enter new mailing address, if applicable:	2019 HA	
.	2 72	
(Mailing address MAY BE A POST OFFICE BOX)		
	PH 12	
registered agent and/or the new registered office add Name of New Registered Agent:	istered office address on our records, enter the name of the ned	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registere	ed Agent:	
provisions of all statutes relative to the proper and cacent the obligations of my position as registered a		
	If Changing Registered Agent, Signature of New Registered Agent	
	Page 1 of 3	

lf amendin or removed	ending Authorized Person(s) authorized to manage. <u>enter the title, name, and address of each person-being add</u> noved from our records:			
MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	GERMAN ROJAS	1820 N CORP LAKES BLVD STE 204 WESTON FL 33326	Add	
			Remove	
			Change	
			Add	
			Remove	
			☐ Change	
-			□ Add	
			□ Remove	
			☐ Change	
			BAdd	
			Remove R	
			Change C	
			. 66 □ Add	
			☐ Remove	
			Change	
			Remove	
			Change.	

). If amer	nding any other information, enter change(s) here: (Attach additi	onal sheets, if necessary.)	
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. Effectiv	05/22/2019 ve date, if other than the date of filing:	(optional)	
(If an effe <u>Note:</u>	ctive date is listed, the date must be specific and cannot be prior to date of filing or n If the date inserted in this block does not meet the applicable statutory filir	nore than 90 days after filing.) Pursuant to 605.020 ag requirements, this date will not be listed as	i7 (3)(t s the
docume	ent's effective date on the Department of State's records.		
f the rec	ord specifies a delayed effective date, but not an effective	time, at 12:01 a.m. on the earlier o	of:
	90th day after the record is filed.		
Dated _	MAY 22 () 2019 (
_			
	Signature of a member or authorized representative	e of a member	
	CRISTINA M GALVIS		
	Typed or printed name of signee		
	Page 3 of 3		

Filing Fee: \$25.00