L18000109300

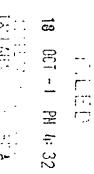
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COVER LETTER

то:	Registration Sec Division of Cor			
CHRI	KING	CAB TRANSPORT LLC		
SOBJ	ECT	Name of Limi	ted Liability Company	
The er	nclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
		BARBARO GO	ORDECH CORONA	
			Name of Person	
			Firm/Company	
		27941 SW 132ND CT		
			Address	
		HOMESTEAD, FL 33032		
			City/State and Zip Code	
		E-mail address: ()	o be used for future annual report notif	lication)
For fu	rther information co	oncerning this matter, please ca	III:	
BAR	BARO GORDECH	CORONA	305 548-9325	
	Name of	Person	at () Area Code Daytime	e Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	25.00 Filing Fee	☐ \$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)

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

KING CAB TRANSPORT LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our recorded Liability Company)	15.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 05/01/2018	and assigned
lorida document number L18000109300		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC	or the abbreximion "L.L.C."
Inter new principal offices address, if applicable:		·. 8 .
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		-
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	***	
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address h		s, enter the name of the
	_	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	SS
		lo rida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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 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>	Address	Type of Action
MGR	LUIS A GORDECH COLINA	5770 NW 113 TERRACE HIALEAH FL 33012	
			Remove
			Change
	 -		Add →
			□ Remove
			: So Change
			Remove Change
<u></u>			Add
			Remove
			□ Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

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	- 1.
	22 22
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing	(optional)
e: If the date inserted in this block does not meet the applicable statutory	filing requirements, this date will not be listed
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effecti he 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier
00/25/2019	
ed	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00