

LI8000170925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

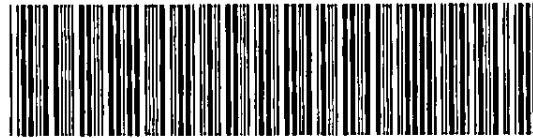
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600321070906

11/26/18--01008--008 **25.00

18 NOV 26 AM 7:08

FILED

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R and K Transport Limited Liability Company

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:

Rocio Hernandez

Name of Person

Extreme Quality Group Inc

Firm/Company

780 Thorpe Rd. ste 2

Address

Orlando, FL 32824

City/State and Zip Code

extremequalitygroup@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rocio Hernandez

407 9852417

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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**

R and K Transport Limited Liability Company

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/16/2018 and assigned
Florida document number L18000170925.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

657 NW RIVERSIDE DR.

Port Saint Lucie, Florida 34983

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

657 NW RIVERSIDE DR.

Port Saint Lucie, Florida 34983

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

657 NW RIVERSIDE DR

Enter Florida street address

Port Saint Lucie

Florida 34983

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Kenny Verdeja	7545 SW 152ND AVE	<input type="checkbox"/> Add
		APT D508	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33193	<input type="checkbox"/> Change
MGR	Kenny Verdeja	657 NW RIVERSIDE DR	<input checked="" type="checkbox"/> Add
		Port Saint Lucie, Florida 34983	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 NOV 26 AM 7:02
STATION 111
AIRPORT

②

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 20th, 2018

Signature of a member or authorized representative of a member

Kenny Verdeja

Typed or printed name of signee