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(Re	questor's Name)	
(110)	7-2010-3 (10/110)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

O SIMMONS.

JAN 25 2020

COVER LETTER

" LK&L Trans	·	ited Liability Company	*	
SUBJECT:	Name of Lim	ited Liability Company		
	mendment and fee(s) are sub			
The enclosed Articles of A		mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Brenda Rogers			
		Name of Person		
	BK&L Fransport LLC			
		Firm/Company		
	1672 Jaguar Circle			
		Address		
	Apopka Fl 32712			
		City/State and Zip Code		
	hsr318@hotmail.com			
For further information co	ncerning this matter, please c	to be used for future annual report notif all:	ication)	
Brenda Rogers		321 356-0215		
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	e following amount:			
≅ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BK&L Transport LLC		
(Name of the Lin	ilited Liability Company as it now ap (A Florida Limited Liability Company)	pears on our records.) ny)
The Articles of Organization for this Limited Florida document number 1.18000209284	Liability Company were filed on	12/12/2019 and assigned
This amendment is submitted to amend the fo	llowing:	S. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
A. If amending name, enter the new name	of the limited liability compan	y here: he designation "LLC" or the abbreviation "LLC"
The new name must be distinguishable and contain the	words "Limited Liability Company," v	w here: the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	700
		FINE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or agent and/or the new registered office addr		er records, enter the name of the new registered
Name of New Registered Agent:	Brenda Rogers	
New Registered Office Address:	1672 Jaguar Circle	
	Enter	Florida street address
	Арорка	Florida 32712 Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as register provisions of all statutes relative to the pro-		ris capacity. I further agree to comply with the 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, enfer the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Brenda Rogers	1672 Jaguar Circle Apopka FL 32712	= Add
			□Remove
			□Change
AMBR	Kevin Rogers	1672 Jaguar Circle Apopka FL 32712	= Add
		□Remove	□Remove
			Change C
			DAdd SS
			☐Remove ∰ ⊖
			☐ □Change
			🗀 Add
			□Remove
	·		□Change
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			□Change

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Tective date, if o	ther than the dat	12/12/20 e of filing:		(optic	onal)
ote: If the date ins	erted in this block	specific and cannot be pridoes not meet the app iment of State's recon-	licable statutory fili-	nore than 90 days after ng requirements, this	filing.) Pursuant to 605.0207 date will not be listed as
	lelayed effective da		e time, at 12:01 a.m	on the earlier of: (b) The 90th day after the
nted December 12	7	2019			
4	& and	a both	ss		

₹1 ED 2019 DEC 26 PM 12: 39

Filing Fee: \$25.00

Typed or printed name of signee