

L18 000 234673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

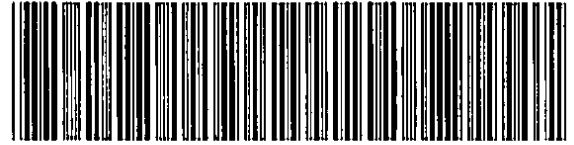
(Business Entity Name)

(Document Number)

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C. SIMMONS
JAN 17 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SKD 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:

SACHIN K. DOODNAUTH

Name of Person

SKD TRANSPORT LLC

Firm/Company

2968 SW 140TH PLACE

Address

OCALA FL 34473

City/State and Zip Code

SACHINDOODNAUTH@YAHOO.COM

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

For further information concerning this matter, please call:

SACHIN K. DOODNAUTH

352 484-4063
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

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>
VP	BASANTIE DOODNAUTH	2968 SW 140TH PLACE OCALA FL 34473	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
CEO	RESHMIE S. DOODNAUTH	2968 SW 140TH PLACE OCALA FL 34473	<input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
COO	KESHAVA S. DOODNAUTH	2968 SW 140TH PLACE OCALA FL 34473	<input 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

6
11/11
11/11

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used as the document's effective date on the Department of State's records.

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 01-08-19

Signature of a member or authorized representative of a member

SACHIN K. DOODNAUTH

Typed or printed name of signee