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(Req	uestor's Name)	
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bbA)	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	:ument Number)	
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C Kinsey

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT:	ing Loals Tran	500/T. ((C	
The enclosed Articles of Ame	endment and fee(s) are submi	tted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
-)a (Name of Person Firm/Company	fric 1°
-	KIM	Firm/Company	ourtall
		46 Victoria D	
	WPB	FC 35404	
_	King 960 E-mail address: (10	City/State and Zip Code (5 f 164 60 7 f 60 g n be used for future annual report hotificati	on)
For further information conce	erning this matter, please call	;	
Ja Cay V O	rymine r	at (<u>470</u>) <u>Q98</u> - 4 Area Code Daytime Tel	7 7 31 ephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	330.00 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 50 = 1	ranspo	rto C.L.C		
(Name of the Limited	d Liability Company A Florida Limited Lia	y as it now appears on outbility Company)	r records.)	
The Articles of Organization for this Limited Lia	bility Company w	vere filed on/	11/2018	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabil	ity company here:		
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET)	ble:	y Company," the designati	on "LLC" or the a	bbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>			SSEE THE
B. If amending the registered agent and/oregistered agent and/or the new registered off	<u>ice address here</u> :			
Name of New Registered Agent:	Ja Ca,	VICTO ric-	. Patr	(ck
New Registered Office Address:	3746	VICTO ric- Enter Florida stre	D V et address	
	West A	Um Beach.	, Florida	33406
		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.

IT Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Tasché Unckson	1141 W 2nd Riviera Beach FL, 334	D Add
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ffect	ive date, if other than the date of filing:
f an eff <u>Note:</u>	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Pated	,,,
	Signature of a member or authorized representative of a member
	Ja Cerr Corm ser