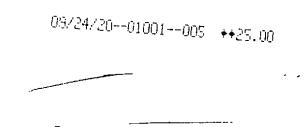
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(Requestor's Name)	
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PICK-UP WAIT	MAIL
<i>J</i> \	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	tatus
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Special Instructions to Filing Officer:	
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C. GOLDEN SEP 2 4 2020

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Kinggoals	Transpord LLC Name of Limited Liability Company	_ _
The enclosed Articles of Amendment and fee	•	
Please return all correspondence concerning	a Carr Cormius - Pame Name of Person	K
	Name of Person Liss Goals Transport LLC Firm/Company	
	46 Victoria Dr Address	
King a	TPUM PLL PL 33406 City/State and Zip Code GOALS Frans port LLW9 mail. (0) and address: (to be used for future annual report polification)	<u></u>
For further information concerning this matter		
Name of Person	at (<u>470</u>) <u>487.0309</u> Area Code Daytime Telephone Nu	mber
Enclosed is a check for the following amount	ıt;	
S30.00 Filing Fee S30.00 Filing Certificate o	of Status Certified Copy Cert (additional copy is enclosed) Cert	00 Fifing Fee, ifficate of Status & ified Copy tional copy is enclosed)
Mailing Address:	Street Address:	

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

Kinggoals Transpo	ort LLC	•
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>こ 18000 仏</u> 9 <i>ラ</i> 25		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, enter the <u>name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	ireel address
	City	Florida
New Registered Agent's Signature, if changing Registered Agent	•	ny code
The tree of the contract of the changing interaction 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
A MBR	Carla Patrick	3746 Victoria Dr	□Add
		3746 Victoria Dr WPB, FL, 33406	🗖 Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

. II an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
Note	tive date, if other than the date of filing:
the reco	rd 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 iled.
Date	09/24/20. 2020.
	Signature of a member or authorized representative of a member
	7 originature of a member of aumorized representance of a member

Filing Fee: \$25.00