## 11900000 6073

(Pag	uestor's Name)		
(кеч	destors Name)		
(Add	ress)		
(Add	ress)		
(City	/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bus	iness Entity Nar	ne)	
(Doc	ument Number)		
000	ament (valuet)		
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
•			

Office Use Only



100324632661

U3/U1/19--U1014--U16 \*\*25.UU



Hound

MAR 0 8 2019

I ALBRITTON

## **COVER LETTER**

Division of Cor	rporations		
RT TRUC SUBJECT:	KING LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	JORGE A. RAMOS DIAZ	<u>'</u>	
		Name of Person	
	RT TRUCKING LLC		
		Firm/Company	
	2948 CANOE CIRCLE		
	·	Address	
	ST CLOUD, FLORIDA 3	4772	
		City/State and Zip Code	<del></del>
	ZTRINIDAD53@GMAIL.		
	E-mail address: (	to be used for future annual report noti-	fication)
For further information of	concerning this matter, please c	all:	
JORGE A. RAMOS DIA	AZ	407 460-5051	
Name c	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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 tadditional copy is enclosed)

MAILING ADDRESS:

· TO.

Registration Section

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

KT TROCKING LLC		
(Name of the Lim	ted Liability Company as it now ar (A Florida Limited Liability Compa	ipears on our records.) ny)
The Articles of Organization for this Limited I Florida document number $\frac{1.19000006073}{1.19000006073}$	iability Company were filed or	JANUARY 3RD, 2019 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compan	<u>v here</u> :
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 appli	cable:	
(Principal office address MUST BE A STREA	ET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of	/or registered office addres:	on our records, enter the name of the
Name of New Registered Agent:	JORGE A. RAMOS DIAZ	
New Registered Office Address:	2948 CANOE CIRCLE	
	Ente	r Florida street address
	ST CLOUD	Florida <sup>34772</sup>
	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.

Manging 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 ac or removed from our records:

. MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ZULEYKA TRINIDAD	2948 CANOE CIRCLE	□ Add
		ST CLOUD, FLORIDA 34772	■ Remove
		<del></del>	■ Change
AMBR	ZULEYKA TRINIDAD ADAMES	2948 CANOE CIRCLE	<b>∃</b> Add
		ST CLOUD, FLORIDA 34772	□ Remove
			Change
			D Add
			☐ Remove
			Change
			□ Add
			☐ Remove
		<del></del>	Change
			Add
			□ Remove
			Change
			☐ Remove
			Change

			- <u>-</u>		
		<del></del>	<u> </u>		
	_ <del>_</del>				
					<del></del>
					<del> </del>
	<del>.</del>			· · · · · · · · · · · · · · · · · · ·	····
		FEBRUARY	₹ 26, 2019		
Effective da	te, if other than the date ate is listed, the date must be sp	of filing:	1 20, 2017	(optional)	(S.F. 1124) F. N.
Note: If the	ate is listed, the date must be sp date inserted in this block d	oes not meet the applica	o date of filing or more ble statutory filing re	than 90 days after (timg.) Pu equirements, this date wil	rsuant to 605.0207 (3)( I not be listed as the
document's e	ffective date on the Departr	nent of State's records.			
	pecifies a delayed effe day after the record i		an effective tim	e, at 12:01 a.m. on	the earlier of:
,	ad, bital tild table .				
Dated FEBR	UARY 26	2019			
	-X		<del>_</del> -		
_	\ <u>\</u>	1			
_	Signi	sare of a member or autho	rized representative of	a member	
10	ORGE A. RAMOS DIAZ	•			
		Typed or printed	d name of signee		

Page 3 of 3

Filing Fee: \$25.00