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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	LK&FT	LLC	
30b3EC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
rease return an correspo	indefice concerning this maker	to the following.	
		Luis Ramirez Enriquez	
		Name of Person	
		LK&FT	
		Firm/Company	
		60 Pheasant Dr	
		Address	
		Palm Coast, FL 32164	
		City/State and Zip Code	
	luiso75@hotmail.com	n	
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	
Luis Ramirez Enriquez		786 527-4096	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 Addres Registration 5 Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LK&FT I					
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)				
The Articles of Organization for this Limited Liability Compan Florida document number <u>L19000062080</u> .	y were filed on 03/04/2019	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company here:				
LK Express LLC.					
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or th	e abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		20			
Principal office address MUST BE A STREET ADDRESS)					
		3 3			
Enter new mailing address, if applicable:	NO				
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>			
	<u> </u>				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	e address on our records, enter the n	ame of the new register			
 	, Florida	Zip Code			
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>				
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, and I a s provided for in Chapter 605, F.S. (m familiar with and Or, if this document is			

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
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ective date, if other a effective date is listed, the te: If the date inserted	he date must be specif	fic and cannot be p	rior to date of til	ng or more than 90 o	lays after filing.) Pents, this date w	ursuant to	605.020 listed :
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	Signature	on a member of a	autorized repres				