# 119000078658

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T. MATTHEWS NOV 2 9 2021

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: KD TransPort IC  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:
Kimana Dixon Name of Person  K D Trans-Port IIC  Firm/Company  6451 Putter Drue  Address
Address
City/State and Zip Code  Kinnered it on Quahoo. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (561) 247 2832  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigsquare \$30.00 Filing Fee & Certificate of Status \$\Bigsquare \$55.00 Filing Fee & Certificate of Status \$\Bigsquare \$ Certified Copy (additional copy is enclosed) \$\Bigsquare \$ Certified Copy (additional copy is enclosed)

## Mailing Address:

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

Street Address: 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

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KD Iranstort 11c		
(Name of the Limited Liability Co (A Florida Limi	ited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L [900078658</u> .	any were filed on M	arch 20, 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited I	iability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )		
3. If amending the registered agent and/or registered offigent and/or the new registered office address here:	ice address on our rec	ords, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
	Cin·	, Florida Zip Code
	Cay	гар Соце

### 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.

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>	Name	Address 21 817 12 PN 3: 30	Type of Action
Manager	Eolisson Saint Mitin	739 Ne 164th Ter	□Add
J		Address 21 KT 12 PH 3:30  139 Ne 164 <sup>th</sup> Ter  Mami Fl 33162	<b>⊠</b> Remove
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an ellecti <u>ote:</u> If t		(optional) te of filing or more than 90 days after filing.) Pursuant to 605.0207 (statutory filing requirements, this date will not be listed as t
is filed.		,
ated	11/4/21  Kiman Direct  Signature of a member or authorized  Kiman Dixon  Typed or printed nar	
	Kimora Diran	
	Signature of a member or authorized	representative of a member
	11	