L19000130347

(Requestor's Name)		
(Address)	10033	5295941
(Address)		
(City/State/Zip/Phone #)		
(Business Entity Name)		
(Document Number) Certified Copies Certificates of Status	16/21/19	01848888 ••55.80
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KAr Transfert 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:
Name of Person Kpr Transfort Firm/Company
5418 26 th 5t W Address
Bradendon FL 34207 City/State and Zip Code Anthony coston 517 Yahir Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (941) 755-6070 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1906 0 130 34 7</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	were filed on 5/14/19 and assigned
N/fi The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5419 26+ St W
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5418 26+1 5+ W Bradenton FL 34207
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address: 5414 2	Enter Florida street address Florida 34207
Broke	Yon Florida 34207 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.

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	Type of Action
MGR	Rebert Broden	74.2 phim tree dr.	dd
		Bradenton FC 34207	☐ Remove
		···	Change
			□ Add
			Remove
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			🗆 Remove
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Note:	tive date, if other than the date of filing:
The	cord specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier $lpha$ 90th day after the record is filed.
Dated	18-17-19
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Anthony Typed or printed name of signee

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Filing Fee: \$25.00