

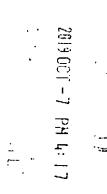
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COVER LETTER

SUBJECT:	FRANSPORT, LLC.	ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LUIS A GONZALEZ		
		Name of Person	
	KALHED TRANSPORT.	LLC.	
		Firm/Company	
	344 NE 10th ST		
		Address	
	CAPE CORAL, FL 33909		
		City/State and Zip Code	
	KALHEDTRANSPORT@		
	E-mail address: (to be used for future annual report notifi	cation1
For further information co	oncerning this matter, please co	all:	
LUIS A. GONZALEZ		786 315-3954	
Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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)
31411	INC AINDRICE.	стверт/судени	CD ADDRESS.

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, FI, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2919 OCT -7 PH 4: 17

KALHED TRANSPORT, LLC.	
(Name of the Limited Lighility Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{1.19000177306}{1.19000177306}$	ny were filed on 07/09/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
N/A	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the Jesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	N/A
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	
Name of New Registered Agent: N/A	
New Registered Office Address:	Enter Florida street address
	thier Florida Mreet address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida j

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
AMBR	LUIS A. GONZALEZ	344 NE 10th ST	
		CAPE CORAL, FL 33909	Add
		-	Remove
			■ Change
MGR	DANILO QUINTANA TORO	344 NE 10th ST	D
		CAPE CORAL, FL 33909	
			Remove
			Change
		☐ Remove	
		☐ Change	
			□ Remove
			Change
			Add
			□ Remove
		Change	
			☐ Remove
			□ Change

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	AD	
	-	
Effective date, if other than the d	07/09/2019 nte of filing: (optional)	
(If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 c does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.	7 (3)(s the
the record specifies a delayed The 90th day after the recor	effective date, but not an effective time, at 12:01 a.m. on the earlier of d is filed.	f:
Dated SEPTEMBER 23	2019	
. Albert		
- Style S	gnature of a member or authorized representative of a member	
, LULA. GONZALEZ		

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Typed or printed name of signee

Filing Fee: \$25.00