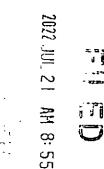


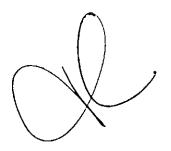
(Rec	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F		





07/21/22--01013--008 ••50.00





COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KG A1 Logistics LLC Nam of Limited Liability Company	
Traile of Diffice Brown, St. F.	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Howard Grant Name of Person	
KGA1 Logistics LLC	
7035 Linda Dr	
Tacksonville FL, 32208 City/State and Zip Code	
E-mail address: to be used for future annual report notification)	, b
For further information concerning this matter, please call:	Š
Howard Grant at (954) 299-0632 CT Nume of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Street Address: Registration Section	
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		2022
The Articles of Organization for this Limited Liability Company were filed on	9 and as	Julied 21 AH 8: 55
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Orange Park, F		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Orange Pack,	ave FL 3	32073
B. If amending the registered agent and/or registered office address on our records, enter the namagent and/or the new registered office address here:	<u>ie of the n</u>	iew registered
Name of New Registered Agent: New Registered Office Address: 630 Kingsley ave Sizer Florida street address Orange Park , Florida		
Orange Park , Florida ,	<u>320</u> Zip Сос	7_3

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	<u>Address</u>	Type of Action
			DAdd
			□Remove
			□Add
			□Remove
			□Chan 25
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		□Remove	
			☐ Change
			□Add
*****			□Remove
			□ Change

Change the F	S to: KGH	71 Logist	HCS LLC	
	630 K	Lingsley	ave	
			FL 3207	
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ctive date, if other than the da	te of filing:	to date of filing or mo	option (option) (option) (option) (option) (option)	ing.) Pursuant to 6
effective date is listed, the date must be 1. If the date inserted in this block iment's effective date on the Depa	does not meet the applica	able statutory filing	requirements, this d	ate will not be l
ord specifies a delayed effective d	ate, but not an effective ti	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day a
ed	·	<u> </u>		
	-/-	7 /		

Filing Fee: \$25.00