

L19000 264 470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

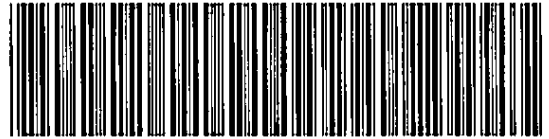
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/22/20--01025--016 **25.00

2020 JUN 22 PM 8:08

R. WHITE
A.S.C.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kaizen Logistics & Transportation, LLC
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:

De Quadra Robinson
Name of Person

Firm/Company

1621 Twin Pines Cir.
Address

Cantonment, FL 32533
City/State and Zip Code

Kaizenthemovement@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

De Quadra Robinson at (850) 316-7803
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

2011-08-08

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Kaizen Logistics & Transportation

2020 JUN 22 AM 8:08

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Oct. 22, 2019 and assigned Florida document number L1900026470.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

700 College Blvd #E101
Pensacola, FL 32504

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

700 College Blvd #E101
Pensacola, FL 32504

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Patricia Smith

New Registered Office Address:

700 College Blvd #E101

Enter Florida street address

Pensacola

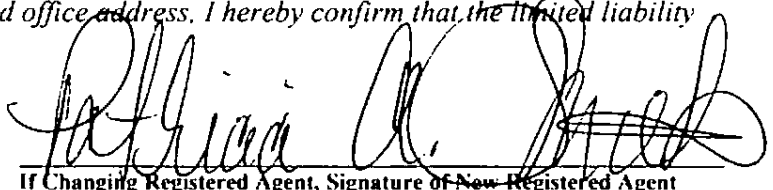
City

Florida 32504

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 Changing Registered Agent, Signature of New Registered Agent

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated June 15, 2020

D. L. L.

Signature of a member or authorized representative of a member

De Quadre Robinson

Typed or printed name of signee