

L 20000025570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

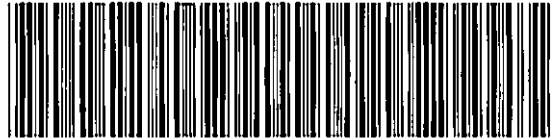
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/11/21--01003--031 **31.00

LLC
NIC

RECEIVED
2020 JAN - 8 PM 5:04
TALLAHASSEE
FLORIDA

FILED
2021 JAN - 8 PM 5:05
TALLAHASSEE
FLORIDA

JAN 08 2021
D CONNELL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KALOBINA 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:

STEVE TUIKOLOVATU
Name of Person

Firm/Company

1205 E. CLIFTON ST
Address

TAMPA FL 33604
City/State and Zip Code

STEVE.TUIKOLOVATU@KALIATRUCKING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVE TUIKOLOVATU at (801) 661-4318
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KALOBINA LLC

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

FILED
2021 JAN - 8 P 5: 05
and assigned
STATE OF FLORIDA
TAMPA

The Articles of Organization for this Limited Liability Company were filed on 1/21/20
Florida document number L2000025570

This amendment is submitted to amend the following:

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

KALIA TRUCKING LLC

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:

1205 E. CLIFTON ST.
TAMPA, FL
33604

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1205 E. CLIFTON ST
TAMPA, FL

(Mailing address MAY BE A POST OFFICE BOX)

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: ~~STF~~

New Registered Office Address: _____
Enter Florida street address

_____, Florida _____
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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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