

L20 000036106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

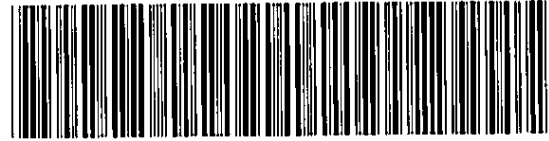
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FL

O SIMMONS
MAR 11 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The King Hauling Transport 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:

Ana I Fernandez
Name of Person

The King Hauling Transport LLC
Firm/Company

401 Monument Rd apt 20
Address

Jacksonville FL 32225
City/State and Zip Code

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

For further information concerning this matter, please call:

Ana I Fernandez at (786) 334-3177
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**

The King Hauling Transport LLC

(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 1-29-20 and assigned Florida document number L20000036106

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

New Registered Office Address:

N/A

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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_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

we had made
mistake on the Register name
of the agent the correct
name is
Ana I Fernandez

NOT: Ana I Hernandez

Please make correction

Thank

2020 FEB 20 PM 3:19
STATE
TALU
FILE

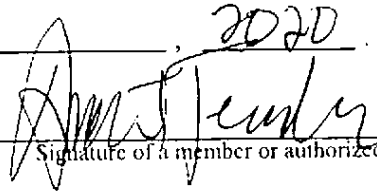
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 2/14, 2020



Signature of a member or authorized representative of a member

Ana I Fernandez

Typed or printed name of signee



Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Limited Liability Company
THE KING HAULING TRANSPORT LLC

Filing Information

Document Number	L20000036106
FEI/EIN Number	NONE
Date Filed	01/29/2020
Effective Date	01/29/2020
State	FL
Status	ACTIVE

Principal Address

401 MONUMENT RD APT 20
JACKSONVILLE, FL 32225

Mailing Address

401 MONUMENT RD APT 20
JACKSONVILLE, FL 32225

Registered Agent Name & Address

FERNANDEZ, ANA I
401 MONUMENT RD APT 20
JACKSONVILLE, FL 32225

My
← correct name is
Ana I Fernandez

Authorized Person(s) Detail

Name & Address

Title MGR

HERNANDEZ, ANA I
401 MONUMENT RD APT 20
JACKSONVILLE, FL 32225

← Not correct name

Annual Reports

No Annual Reports Filed

please make correction

Document Images

Thank