

L20000 122586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

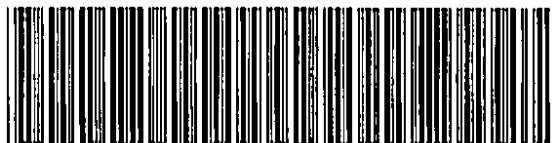
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

talked to Mrs. Louis remove
her

Office Use Only



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05/28/20--01017--007 **25.00

2020 JUN -2 P 4:55

FILED

LLC
Amend.

JUN 29 2020

D CONNELL

May 29,2020

To whom it may concern:

I submitted an amendment form on May 27,2020 it was sent through FEDEX with Tracking Number 393275342644 sign for by M. Smith at the FRONT DESK. Included in the FEDEX envelope was an amendment form and a check for \$ 25.00 check # 4711, I accidentally misspelled the company name on the form, it is spelled correctly on the ARTICLES.

I am resubmitting the same form with the correct spelling of the Company Name.

This is the correct name that should have been on the original form that I submitted to you.

K. Lattimore Logistics LLC this is **PART OF the INCORRECT NAME I PUT ON THE FORM LOGICSTICS.**

I would greatly appreciate it if you could make the changes for me and accept the \$ 25.00 check that I have already sent on May 27,2020 through FEDEX AGAIN CHECK # 4711

Thanks again,

Sylvania Louis

bandmlogistics@yahoo.com

678-499-0027

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K. Lattimore Logistics 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:

Arthur C Lattimore
Name of Person

K. Lattimore Logistics LLC
Firm/Company

5020 Joe King Road
Address

Plant City, Florida
City/State and Zip Code

bandm2020@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sylvania Louis at (678) 499-0027
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

RECEIVED

JUN 2 2020

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

K. Lattimore Logistics 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 MAY 9, 2020 and assigned Florida document number 20000122584.

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)

2020 JUN -2 PM 4:56
FILED

Enter new mailing address, if applicable:

(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:

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>
MGR OWNER	Arthur C Lattimore	5020 Joe King Road Plant City, Florida 33567	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Sylvania Louis	405 Payton Ct. Stockbridge, Georgia 30281	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated May 29, 2020

Signature of a member or authorized representative of a member

Sylvania Louis
Typed or printed name of signee

Filing Fee: \$25.00