120000 171575

(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
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Office Use Only



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C. GOLDEN OCT - 3 2020

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:		NSPORTATION DE L'ABBILITY COMPANY	ON LLC
The enclosed Articles of Ar	nendment and fee(s) are subm	itted for filing	
Please return all correspond	ence concerning this matter to	the following:	
		Name of Person	
	KARMT	RANSPORTATI Firm/Company	ON LLC
	321 N 11th	ST AP+ A Address	
		City/State and Zip Code Young-Wahoo be used for future annual report noti	
For further information cor	cerning this matter, please cal	l:	
KirkPatrick Name of F	Young	at (929) 575 Area Code Daytim	te Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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



KARM TRANSPORTATION LL C

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

(A Florida Limited Liability Company)

(A Florida Limi	ited Liability Company	
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L2000 171575</u>	oany were filed on _	June 19,2020 and assigned
. his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited L	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	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our	records, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance t as provided for i	of my duties, and I am familiar with and the Chapter 605, F.S. Or, if this document is
_		

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>	Address	Type of Action
MGR	Alex T. Youn G	321 NIH ST APT A	□Add
		Fort Pierce, FL 34950	Temove
			□Change
MGR	Rachel A. Young	321 NIITH ST APTA	🗆 Add
		Fort Pierce, FL 34950	MRemove
			□Change
			🗆 Add
			□Remove
			□ Change
			□ Add
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n effective date is te: If the date i	other than the date of listed, the date must be spe nserted in this block do we date on the Departm	cific and cannot be pr es not meet the app	licable statutory fi	r more than 90 days at	otional) her filing.) Pursuant to 605.02 his date will not be listed
is filed.					(b) The 90th day after th
ned Augu	15+ 14 Vigenal	, 2020	<u>)</u> .		
	and current	וע			

Filing Fee: \$25.00