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| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| SUBJECT: KINGS Family Trucking 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:  |  |
| Erica Esposito Name of Person  |  |
| Kings Family Trucking LLC  |  |
| 399 Glendening Rd  |  |
| Orange park FL 32073 City/State and Zip Code   |  |
| Kingstamy utrucking 1 ( Oamail Com 1:-mail address: (to be used for future annual report notification)   |  |
| For further information concerning this matter, please call:   |  |
| Crica C3posito  Name of Person  at (904) 414-0144  Area Code Daytine Telephone Number  |  |
| Enclosed is a check for the following amount:  |  |
| □ \$25.00 Filing Fee  Certificate of Status  Certificate of Status & Certificate o |  |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section
Division of Corporations

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

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

| KINGS FORMLY Trucking (Name of the Limited Liability Combi (A Florida Limited)   | LLC 2020 AUG 25 PH 5:01                                      |              |
|--|--|--------------|
| (Name of the Elimited Liability Combi<br>(A Florida Limited  | nany as it now appears on our records.)  Liability Company)  |              |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L20000175521</u> .          | v were filed on JUNE 13, 2020 and as:                        | signed       |
| This amendment is submitted to amend the following:  |  |              |
| A. If amending name, enter the new name of the limited liab  | bility company here:   |              |
| The new name must be distinguishable and contain the words "Limited Liabi  | ility Company," the designation "LLC" or the abbreviation "L | JC."         |
| Enter new principal offices address, if applicable:  | 399 Glendening Rd  |              |
| (Principal office address MUST BE A STREET ADDRESS)  | 399 Glendening Rd<br>Orange Park, FL 32073                   |              |
| Enter new mailing address, if applicable:  |  |              |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | <del></del>  |
| B. If amending the registered agent and/or registered office a<br>agent and/or the new registered office address here: | address on our records, enter the name of the new            | w registered |
| Name of New Registered Agent:  |  |              |
| New Registered Office Address:   | Enter Florida street address                                 |              |
|  |  |              |
| <del></del>  | , Florida  | <del></del>  |
| New Registered Agent's Signature, if changing Registered Agent:  |  |              |
|  | -  |              |
| I hereby accept the appointment as registered agent and agri   | ree to act in this capacity. I further agree to come         | olv with t   |

rnereny accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 2020 AUG 25 Fil 5: 6 Type of Action **Title** Name Address Devise Martinez 399 Glendening Rd DANG Orange Park, FL 32073 Remove Mario Martinez MGR 399 Glendening Rd DAG Orange par K, FL 32073 PRemove \_ □Add □Remove \_\_\_\_\_ □Add \_\_\_\_ □Change Remove \_\_\_\_\_ □Change  $\square$ Add □Remove Change

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| frective date, if other than the date of filli    | ng: (optional)   |
| Note: If the date inserted in this block does not | nd cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 timeet the applicable statutory filing requirements, this date will not be listed as |
| locument's effective date on the Department of    | State's records.   |
|   |  |
| record specifies a delayed effective date, but no | ot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the  |
| d is filed.                                       | The sounday after the  |
| .0  |  |
| Dated HUGUST X                                    | . <u>2020</u> .  |
| ) /   |  |
| Louis Consite                                     |  |
| Signature of a                                    | a member or authorized representative of a member  |
| O   |  |
| _ Crica Cspositi                                  | 0  |
|   | Typed or printed name of signee  |

Filing Fee: \$25.00