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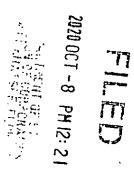




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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 11, 2020

MARLON RAUL MONTES 17460 SW 139 CT MIAMI, FL 33177

SUBJECT: K.I.C. LOGISTICS. LLC Ref. Number: L20000181954

The Book with the

We have received your document for K.I.C. LOGISTICS. LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ALL PAGES MUST BE RECEIVED - ONLY PAGE 1 RECEIVED

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young Regulatory Specialist II

Letter Number: 420A00017310

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: KCC, 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: |
| Marlou R Moutes Name of Person Virm/Company |
| 17460 Sw 139 Ct Address |
| Miami, Sally City/State and Zip Code Kcclogistics 504 Camail. Co— Ismail address: (to be used in future annual report notification) |
| For further information concerning this matter, please call: |
| MARIOU R Montes at (786) 637 3367 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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



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| | | 2020 OC: | | |
|---|--------------------------------|---|--|--|
| K.I.C.logistics.LLC | | | | |
| (Name of the Limited Liability Compa (A Florida Limited | iny as it now appears on our i | records.) | | |
| (A rionda Limited | Liability Company) | | | |
| The Articles of Organization for this Limited Liability Company | were filed on | Torida 그렇게 and H ssign ed T | | |
| Florida document number <u>L20000181954</u> | | | | |
| This amendment is submitted to amend the following: | | er de same | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | |
| KCC.logistics.LLC | | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation | "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 17460 sw 139 ct Miami FL 33177 | | | |
| (Principal office address MUST BE A STREET ADDRESS) | 17460 sw 139 ct | Miami FL 33177 | | |
| | | | | |
| Enter new mailing address, if applicable: | Kcclogistics504 | i@gmail.com | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| | | | | |
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| B. If amending the registered agent and/or registered office | address on our records, g | 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 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> | Name | Address | Type of Action |
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| If the date inserted | than the date of filing the date must be specific and in this block does not no on the Department of S | neet the applicable st | of filing or more than 90 atutory filing requires | (optional) days after filing.) Pursuant to nents, this date will not be | 605.02 listed |
| ord specifies a delaye filed. | d effective date, but not | an effective time, at | 12:01 a.m. on the ear | lier of (b) The 90th day | after th |
| 09/29/20 | , | | | | |
| | Signature of a 1 | > | | | |
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