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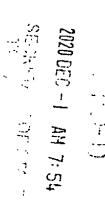
(Red	juestor's Name)	<u> </u>
(Add	lress)	
(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ed Copies Certificates of Status cial Instructions to Filing Officer:		
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
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ed Copies	Certificates	s of Status
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Office Use Only



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J.A. 1/14/21

COVER LETTER

Registration Sec Division of Corp			
et: KND	Transporto Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
	Sidionel	Norelus Name of Person	
	KNDTrans	POCTATION LLC	
	583 Sioux	Address	
	Lake wor	Th. Fl. 33467 City/State and Zip Code	
	nsidionel@	Yanto. Com to be used for future annual report notif	fication)
irther information co	oncerning this matter, please ca	all:	
dianel	Norelus Person	at (<u>561</u>) <u>503</u> - Area Code Daytime	6713 Telephone Number
osed is a check for th	e 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 S		Street Address: Registration Sec	etion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ppears on our records.) any)		
ticles of Organization for this Limited Liability Company were filed o	n 10/15/20/20 ar	ia assignea	
document number <u>L. 2000 324389</u>			
nendment is submitted to amend the following:			
mending name, enter the new name of the limited liability compa	ny here:		
name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviati	சூட்ட.C." 2	
new principal offices address, if applicable:		9	
pal office address MUST BE A STREET ADDRESS)	. : !		
			
	ਜ਼ੋਂ	3	
new mailing address, if applicable:	<u> </u>	 -വ വ	
ng address MAY BE A POST OFFICE BOX)			
mending the registered agent and/or registered office address on (our records, enter the name of th	e new regis	
and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
Ente	Enter Florida street address		
	, Florida	Code	
Cin	2.47	Code	
City egistered Agent's Signature, if changing Registered Agent:			

pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

ved from our records:

Manager
= Authorized Member

	Name	Address	Type of Action
<u>)</u>	Sidianel Norelus	583 STOUX Rd, Lakeworth, F 33462	<u>I</u> ■Add
			□Remove
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ctive date is listed fithe date inser	er than the date of it the date must be specified in this block does in the on the Department	c and cannot be prior to not meet the applicat	date of filing or modele statutory filing	(option of than 90 days after requirements, this	filing.) Pursuant to 60	5.0207 (ted as t
specifies a dela d.	yed effective date, bu	not an effective tim	c, at 12:01 a.m. c	n the earlier of: (b) The 90th day after	er the
101131	Signature	, 7020	zed representative	of a member	<i>-</i>	
NC	Relus	Sidia	NO!			

Filing Fee: \$25.00