

L21000004730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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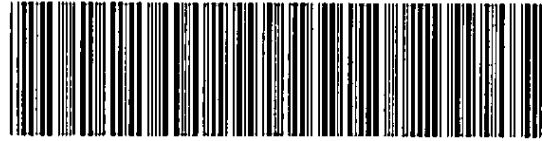
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A "Mayes" Ing Kings 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:

Cedric D. Mayes Sr. and Tamekia D. Harper

Name of Person

A "Mayes" Ing Kings Logistics LLC

Firm/Company

3420 Chickadee Dr.

Address

Holiday, FL 34690

City/State and Zip Code

amayesingkingllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tamekia D. Harper

Name of Person

at ( 404 ) 820-9141

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

A "Mayes" Ing Kings Logistics LLC

The Articles of Organization for this Limited Liability Company were filed on December 25, 2020 and assigned Florida document number L21000004730.

A-Mayes-Ing Kings Logistics LLC

**(Principal office address MUST BE A STREET ADDRESS)**

***(Mailing address MAY BE A POST OFFICE BOX)***

Zip Code

**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>
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TALLAHASSEE, FLORIDA

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Dated March 19 2021

7A

Tamekia D. Harper

Typed or printed name of signee

**Filing Fee: \$25.00**

L21000067463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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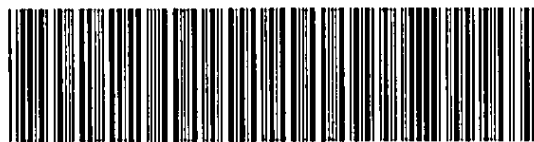
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** KNIGHT GLIDER 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:

HALBROOK BOLDEN JR

\_\_\_\_\_  
Name of Person

KNIGHT GLIDER TRUCKING

\_\_\_\_\_  
Firm/Company

P O BOX 16427

\_\_\_\_\_  
Address

TAMPA FL 33687

\_\_\_\_\_  
City/State and Zip Code

BOLDEN2021@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HALBROOK BOLDEN JR

863 670 7389  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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,  
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**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**

KNIGHT GLIDER TRUCKING 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 02 08 2021 and assigned  
Florida document number L21000067463.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

KNIGHT GLIDER TRUCKING LLC

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)**

HALBROOK BOLDEN JR PRESIDENT

3818 N57 ST

TAMPA FL 33619

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

P O BOX 16427

TAMPA FL 33687

**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: HALBROOK BOLDEN JR PRESIDENT

New Registered Office Address: 3818 N 57 ST

*Enter Florida street address*

TAMPA, Florida 33619

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRESIDI	HALBROOK BOLDEN JR%100	3818 N57 ST TAMPA FL 33619	<input checked="" type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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Dated 03 26 2021

William C. Bell, Jr. President  
Signature of a member or authorized representative of a member

HALBROOK BOLDEN JR

President  
Typed or printed name of signee