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TO: Registration S Division of Co		AU	
SUBJECT: A "Ma	ayes" Ing Kings Logistic	cs LLC	
Sobret,	Name of Lir	nited Liability Company	<u>_</u>
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cedric D. Mayes	s Sr. and Tamekia D. Harpe	er
		Name of Person	
	A "Mayes" In	g Kings Logistics LLC	
		Firm/Company	
	3420 Chickad	dee Dr.	
		Address	
	Holiday, FL 3	4690	
	amayesingkir	City/State and Zip Code ngllc@gmail.com	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be used for future annual report notific	ation)
For further information of	concerning this matter, please c	all:	
Tamekia D. Ha		at () 820-9141 Area Code Daytime T	
Name o	l'Person	Area Code Daytime 1	Felephone Number
Enclosed is a check for the	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A "Mayes" Ing Kings Logistics 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	
The Articles of Organization for this Limited Liability Company were fil Florida document numberL21000004730	ed on December 25, 2020 and assigned
This amendment is submitted to amend the following:	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: A-Mayes-Ing Kings Logistics LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	
and assigned ida document number L21000004730 amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: A-Mayes-Ing Kings Logistics LLC ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." er new principal offices address, if applicable: acipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: ling address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office address on our records, enter the name of the new registered t and/or the new registered office address here: Name of New Registered Agent:	
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
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	2.7
Enter new mailing addrace if applicables	(1)
(Studing duaress SIAT BE A POST OFFICE BOX)	
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agent and/or the new registered office address here:	on our records, <u>enter the name of the new registere</u>
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	Zīp Code
I hereby accept the appointment as registered agent and agree to act provisions of all statutes relative to the proper and complete perform accept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office address company has been notified in writing of this change.	ance of my duties, and I am familiar with and for in 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

Title	<u>Name</u>	Address	Type of Action
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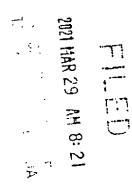
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COVER LETTER

	gistration Section of Corp					
erin tizen.						
SUBJECT			ited Liability Compar	ny		
The encloses	d Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		HALBROOK BOLDEN JI				
			Name of Perso	00		
		KNIGHT GLIDER TRUC	KING			
			Firm/Compan	у		
		P O BOX 16427				
			Address			
		TAMPA FL 33687				
			City/State and Zip	Code		
		-			************	
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: ### ALBROOK BOLDEN JR Name of Person Area Code Daytime Telephone Number S25.00 Filing Fee						
HALBROO	K BOLDEN J	R	863	670 7389		
*	Name of	Person	Area Cod	e Daytii	me Telephor	e Number
Enclosed is	a check for the	following amount:				
□ \$25.00	Filing Fee	-	Certified Ce	ру		Certificate of Status &
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P.0	D. Box 6327	, -		e Centre of		
Ta	llahassee, F	L 32314	24	15 N. Monr	oe Street,	Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Company	were filed on 02 08 2021	ar	nd assig	ned
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mited liab	ility company here:			
imited Liabi	lity Company," the designation "LL	C" or the abbreviati	on "L.L.	Ç. !'
	HALBROOK BOLDEN JR P	RESIDENT	20	
DRESS)	3818 N57 ST	<u>[</u> "1	=======================================	
	TAMPA FL 33619	-	2 8	,
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	P O BOX 16427		Ž	1 1
	TAMPA FL 33687			
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red office :	address on our records, <u>ente</u> s	r the name of th	<u>ie new i</u>	registe
LBROOK I	BOLDEN JR PRESIDENT			
8 N 57 ST				
	Company mited liab imited Liabi ORESS)	Company were filed on 02 08 2021 mited liability company here: imited Liability Company," the designation "LL" HALBROOK BOLDEN JR P 3818 N57 ST TAMPA FL 33619 P O BOX 16427 TAMPA FL 33687 red office address on our records, enter	Company were filed on 02 08 2021 are mited liability company here: imited Liability Company," the designation "LLC" or the abbreviation HALBROOK BOLDEN JR PRESIDENT TAMPA FL 33619 P O BOX 16427 TAMPA FL 33687 red office address on our records, enter the name of the second	Company were filed on 02 08 2021 and assign mited liability company here: Imited Liability Company," the designation "LLC" or the abbreviation "LLC" HALBROOK BOLDEN JR PRESIDENT: 3818 N57 ST TAMPA FL 33619 P O BOX 16427 TAMPA FL 33687 P O BOX 16427 TAMPA FL 33687 P O BOX 16427 TAMPA FL 33687

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.

0/1/1/1/10/1/2

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>	Type of Action
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