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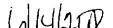


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COVER LETTER

TO:

Registration Section

Division of Cor	poracons		
FREIGHT SUBJECT:	KING LOGISTICS LLC		
SUBJECT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHAEL TALL		
		Name of Person	
		Firm/Company	
	3684 LANCEWOOD DR		
		Address	
	CORAL SPRINGS, FL 33		
	MICHAELTALLJR@GM/	City/State and Zip Code ML.COM	
	E-mail address: (to be used for future annual report no	tilication)
For further information c	oncerning this matter, please c	all:	
MICHAEL TALL		561 2397580 at ()	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne 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 Division of C	Section orporations	Street Address: Registration Se Division of Co	prporations
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

/Name of the Limited Linkillty Comm	invas it nov appares an our reserve.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company florida document number $\frac{1.21000055227}{1.000055227}$.	were filed on <u>02/01/2021</u>	and assigned	
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the c	abbreviation "L.L.C."	
nter new principal offices address, if applicable:	3864 LANCEWOOD DR		
Principal office address MUST BE A STREET ADDRESS)	CORAL SPRINGS FL 33065		
nter new mailing address, if applicable:	3864 LANCEWOOD DR		
(Mailing address MAY BE A POST OFFICE BOX)	CORAL SPRINGS FL 33065		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nar	me of the new regis	
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Florida street address	<u></u>	
	Florida	♀ ⊂ Zip Code	
	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 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>	Type of Action
MGR	JOHN W. DEARING III	4568 NW 17TH WAY	□Add
		TAMARAC, FL 33309	■Remove
			□ Change
			□Add
			□Remove
		 	□Change
			□Add
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ffective date, if other than th	se date of filing:			(optior	()
ffective date, if other than th an effective date is listed, the date midote: If the date inserted in this bocument's effective date on the I	ust be specific and cann block does not meet t	he applicable	te of filing or more statutory filing re	than 90 days after fi	ling.) Pursuant to 605.020
record specifies a delayed effecti is filed.	ive date, but not an e	Tective time,	at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
ated APRIL 23	. 20	21			
					
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Typed or printed name of signee