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COVER LETTER

TO: Registration Se Division of Cor						
	NSPORT ROAD LLC					
SUBJECT:	· · · · · · · · · · · · · · · · · · ·					
	Name of Limit	ed Liability Company				
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.				
Please return all correspo	ondence concerning this matter to	o the following:				
RONALD M REYES RINCON						
	Name of Person					
	KINGS TRANSPORT ROAD LLC					
	Firm/Company					
	302 HIGHLAND AVE					
	Address					
	LEHIGH ACRES FL 33936					
	kingsflorida2020@gmail.com	City/State and Zip Code n				
	E-mail address: (t	o be used for future annual report notifi	cation)			
For further information of	concerning this matter, please ca	11:				
RONALD M REYES RI		773 5629034				
Name of Person		at () Area Code Daytime	Telephone Number			
Enclosed is a check for t	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 Addre		Street Address:				
Registration Section		Registration Sec				
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KINGS TRANSPORT ROAD LLC				
(Name of the Limit	ted Linbility Company (A Florida Limited Lia	as it now appears on obility Company)	ur records.)	
The Articles of Organization for this Limited L Florida document number	iability Company w	ณสกรณ	PLIFORT MIYERS FL.	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	of the limited liabili	ity company here:		
KINGS TRANSPORT AND PUMPING CONCRE				
The new name must be distinguishable and contain the	words "Limited Liability	y Company," the designa	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applic		302 HIGHLAND AV	E. LEHIGH ACRES F	1 33936
Principal office uddress MUST BE A STREE	ET ADDRESS)			
				ง
				· .
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)			C	5
Manny address MAT BE A FOST OF FICE	<u> </u>			
			ب	•
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office ac ess here:	ddress on our recor	ds, enter the name of	of the new reg
Name of New Registered Agent:	RONALD M REYES RINCON			
New Registered Office Address:	302 HIGHLAND			
MEN VERISITION OTHER ANNIONS.	LEHIGH ACRE	Enter Florida s		5
	LEFIIGH ACKE		, Florida	Zip Code
		Cin		Lip Cole

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

THE COMMERCIAL	PURPOSE IS TO PRO	OVIDE TRANSPOR	TATION SERVICE	S, CONCRETE PUN	IPING
AND EVERYTHING	G RELATED TO CE	EMENT CONSTR	EUCTION.		
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		04/30/2024			
tive date, if other	than the date of fi			(opti	onal) r tiling.) Pursuant to 605
: If the date inserted	he date must be specific I in this block does n e on the Department	not meet the applic	able statutory 11111	ig requirements, thi	s date will not be list

Signature of a member of authorized representative of a member

Ronald M Reyes Rinnon

Typed or printed name of signee

Filing Fee: \$25.00

If ameading authorized Person(s) authorized to manage, enter the title, name, and address of each person being aque or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
NA			
			□Remove
			⊡Change
			Remove
			□Remove
			Change
			□Remove
			□ Change
			□Remove
			Change
			□Add
			□Remove
			☐Change