## 21000160420

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/29/2021			⇔WALK IN⇔
ENTITY NAME K&Q Tra	ansportation LLC		
DOCUMENT NUMBER_			
	**PLEASE FILE TH	'E ATTACHED AND RETURN**	
XXXX	Plain Copy		
	Certified Copy		
<del></del>	Certificate of Status		
**/	<b>PLEASE OBTAIN THE FO</b> Certified Copy of Arts	OLLOWING FOR THE ABOVE ENTITY**	
	Certificate of Good Sta		
	**APOSTILLE' / N	IOTARIAL CERTIFICATION**	
COUNTRY OF DESTINAT	TON		
NUMBER OF CERTIFICAT	TES REQUESTED		
TOTAL OWED \$25.00		ACCOUNT #: 12016000007:	2
Please call Tina at th	e above number kor	any issues or concerns. Thank you so	much!

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K&Q Transportation LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000160420}{L21000160420}$ .	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	~_)	
Enter new principal offices address, if applicable:		- 101 2 - 101 2	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		20	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	_ <del></del>	
	Florida		
<del></del>	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I furthe	r agree to comply with ti	

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
MGRM	Yvette Cargill	2040 Wells RD. APT 3F	□Add
		Orange Park, FL 32073	Remove
AMBR	Atiba Lytton Dove	2124 Union Street	□Add
		Brooklyn, NY 11212	≣Remove
			□Change
			□Remove
			□Change
			□Remove
			[]Change
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	st be specific and cannot be pa lock does not meet the app	rior to date of filing or i blicable statutory fili	(option of the control of the contro	filing.) Pursuant to 605.0207
ne record specifies a delayed effection or dis filed.	re date, but not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated	. 2021	·		
	- Kl Yvette Caraill			
	/s/ Wette Cargill Signature of a member or a	uthorized representativ	e of a member	.,

Filing Fee: \$25.00