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SECRETARY OF STATE
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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Cor			My	19 %	
SUBJECT: Kydd	ie Cruisers Name of Lim	nited Liability Company	·		
Fhe enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Melissa	Creen Name of Person		_	
	Kiddie	Crusers "L	LC"	_	
	12250	Atlantic 6	and Apt.	1206 2023 FT	ī
	Jackson	City/State and Zip Code	32225	2023 FEB -7 PH 1: 09 DECRETARY OF STATE TALLAMASSEE. FIL	944 24 25 1
	Melissagree E-mail address: (ntwo Gmail. to be used for fiture annual repor	CoM rt notification)		¥:
For further information co	oncerning this matter, please ca	all:		PAG	
Melissa Name of	Green Person		26-0344 aytime Telephone Numb	er	
Enclosed is a check for th	c following amount:				
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certific	Filing Fee, cate of Status & cd Copy cate copy is enclosed)	
Mailing Address Registration S Division of C	ection	Street Addree Registration Division of			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· (A Florida Limite	d Liability Company)
The Articles of Organization for this Limited Liability Comparellorida document number $\frac{L21000185292}{L}$.	ny were filed on April 21, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lize Alpha Student Trans. The new name must be distinguishable and contain the words "Limited Lia"	portation "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)	2028 FEB - T
	e address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	A19

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.

City

Zip Code

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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ocument's effective date (on the Department	t of State	e's records.						
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Dated January	26	, · -	<u> 2023</u>	_··					
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