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COVER LETTER

Division of Corp	orations		
SUBJECT: 40	<i>LLIJG ĴWORTH</i> Name of Lim	LOGISTICS , LLO ited Liability Company	<u></u>
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	MARK	TVEY JONES Name of Person	
	HOLLING	SWORTH LOGIST. Firm/Company	1C5, LLC
	1/5 ROS	E ISLAND WAS	J #1207
		City/State and Zip Code	
	MTONES (63916 GM41L, CEI to be used fortuture annual report notif	ication)
For further information co	ncerning this matter, please co	all:	
MARK IVE	V JOUES Person	at (<u>94/</u>) <u>374</u> Area Code Daytime	- 7478 Telephone Number
Enclosed is a check for the	: following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	\$\int \text{\$60,00 Filing Fee.} \\ Certificate of Status & \text{Certified Copy} \\ \text{cadditional copy is enclosed}
Mailing Address	:	Street Address:	

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

The Articles of Organization for this Limited Liability Company were filed on $\frac{5}{44/202/4}$	
The Articles of Organization for this Limited Liability Company were filed on $\frac{5/14/202}{2000}$	
The Articles of Organization for this Limited Liability Company were filed on $\frac{2/14/202}{2002}$, , ,
	_ and assigned
Horida document number <u>64/000227301</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
KCM T TRAISPORT CC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbre	7
The new name must be distinguishable and contain the words "Limited Larbilly Company. The designation "LLC" or the appro-	eviation "Lang".
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 BON)	
	_
B. If amending the registered agent and/or registered office address on our records, <u>enter the name</u>	of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Tak
Enter Florida street address	1,1°
. Florida	<u> 73</u>
	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 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> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
		Manual 1	□Add
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Effectiv	e date, if other than the date of filing: (optional)
<u>Note:</u> 1	the date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	MAY 24 2021
	Signature of a member or authorized representative of a member
	Signature of a maintage of multiple and garage antition of a maintage
	Signature of a member or authorized representative of a member