L21 000321022

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COVER LETTER

	Registration Se Division of Cor			
eun mer	Kasco Tran			v
SUBJEC	1:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Joseph Kassay		
			Name of Person	
		Kasco Transport		
		 	Firm/Company	
		401 Alpine Thistle Drive		
		·	Address	
		Brooksville, FL 34604		
			City/State and Zip Code	
		kascotransport@gmail.com		
For furthe	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	outication)
Joseph K	assay		352 428-4846	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:	•	
= \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	Mailing Addres Registration S		Street Address: Registration S	ection
1	Division of C	Corporations	Division of Co	orporations
	P.O. Box 632 Tallahassee J		The Centre of 2415 N. Monr	
•	Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED.

Kasco Transport, LLC

2021 SEP 16 PM 1:17

(<u>iname of the lan</u>	(A Florida Limited Liability Company)	TALLAHASSEE, FLORE
	Liability Company were filed on 07/14/2021	
Florida document number L21000321022	·	
This amendment is submitted to amend the following	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli		
(Principal office address MUST BE A STRE	ET ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX	
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on our records, <u>enter the</u> ess here:	name of the new registered
Name of New Registered Agent:	Jennifer Seghorn	
New Registered Office Address:	401 Alpine Thistle DY Enter Florida street address DYNKS VITLE City. Florid	
	DYNAKS WITE Florid	a 34004 Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	

N

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 Regis ered 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>	Address	Type of Action
AR	Joseph Kassay	401 Alpine Thistle Drive	
		Brooksville, FL 34604	□Remove
			□Change
AR	Jennifer Seghorn	6291 Lorraine Lane	□ Add
		Springhill, FL 34608	Remove
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			Change
			□Add
			□Remove
			□Change

			
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	t be specific and cannot be prior to dat ock does not meet the applicable s	e of filing or more than 90 days aft	
	e date, but not an effective time, a	t 12:01 a.m. on the earlier of: (b) The 90th day after the
ecord specifies a delayed effectiv is filed. September 14,	2021		
is filed.	2021 JUDEPH KORAY Signature of a member or authorized		