121000366885

	(Re	questor's Name)
	(Ad	dress)	
	(Ad	dress)	
	(Cit	y/State/Zip/Pho	ne #)
PICK	-UP	WAIT	MAIL
	(Bu	siness Entity Na	ame)
	(Do	cument Number	r)
ertified Copies _		_ Certificate	es of Status
Special Instruction	ons to	Filing Officer:	

Office Use Only

A. RIVERS NOV 2 9 2021



200376345712

11/10/21--01011--095 **30.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kevee's Tocking & logistics KLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing
Please return all correspondence concerning this matter to the following:
Arkinga Martin Name of Person
Firm/Company
125 Key Haven Drive
Sanford, FL 3271 City/State and Zip Code Keveestrucking and logistics to gracilican E-mail address: (to be used for future annual report notification)
Keverstrucking and logistics to grain com 1:-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigsiz \\$30.00 Filing Fee \& Certificate of Status \$\Certificate of Status \& Certificate of Status \& Certified Copy (additional copy is enclosed) \$\Bigsiz \\$60.00 Filing Fee. \$\Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Talianassee
2415 N. Monroe Street, Suite 810
Taliahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kevee 5 The Articles of Organization for this Limited Liability Company were then on 8/16/202Florida document number L2 | 000366885 and and remains submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Martin's Transportation & Logistics LLC

The new name must be distinguishable and contain the words "Limited Enability Company," the designation "LLC" or the abbreviation "L.L.C" 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cin 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 agrecto example 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.

at 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
MCR	Zackery Martin	2341 Center Street	\(\overline{Add} \)
		Sanford, FL 32771	= Remove
			□ Change
MER	Acking Machin	125 Key Haven D	Ādd
		Sanford, EL 32771	□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
			⊒Remove
			Change
			□Remove
			□ Change
			□Add
			□Rensove
			□ Change
			
		**	□Remove
			Changa

-	
_	
_	
_	
-	
_	
_	
an effec ote: I	te date, if other than the date of filing:
is file	
nted _	11/5/2021 2:19Pm. Other Control of a member of authorized representative of a member Arkinga Martin Typed or printed name of signee
	Signature of a member of authorized representative of a member
	Λ ,