121000412808

(Re	questor's Name)	·
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
		· — _}
Special Instructions to	Filing Officer:	ļ
		ļ
		Ì
)

Office Use Only



200383252452

03/15/22--01002--019 **30.00

2022 MAR 15 AM 11:58

g 3/25/2022

COVER LETTER

• TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

KONA'S SUBJECT:	RENTĄL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	BARBARA HERNANDE	ZZ.	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	BARBARA HERNANDE	Z, PA	
		Firm/Company	
3408 WEST 84 STREET SUITE 216			
		Address	
	HIALEAH, FLORIDA 330	018	
	HERNANDEZCPA@AOL	City/State and Zip Code	
	-	to be used for future annual report not	ification)
For further information	n concerning this matter, please c		
BARBARA HERNAN	NDEZ	305 885-5099	
Name	e of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	r the following amount:		
□ \$25.00 Filing Fee	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
dMailing-Add		Street Address:	
Registration Division of	n Section Corporations	Registration Se Division of Co	
P.O. Box 6.		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION OF

FILED

KONA'S RENTAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF S TALLAHASSEE. The Articles of Organization for this Limited Liability Company were filed on $\frac{9}{17}$ 2021 Florida document number L21000412808 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ROUTE 777 TRANSPORT LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI.C." or the abbreviation "LI.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

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

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
			DAdd
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
		,	Add
			□Change
			□Remove
			□Change
		□Add	
			□Remove
			□Change

_	
_	
-	
-	
_	
-	
-	
-	
_	
-	
-	
_	
-	
-	
_	
-	
Note:	ive date, if other than the date of filing:
e recor rd is fi	d 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 led.
Dated	MARCH 6 2022
	-7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Signature of a member or authorized representative of a member