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(Business Entity Name)
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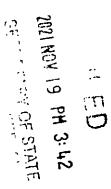
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A. RIVERS
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COVER LETTER

J: Registration Se Division of Cor			
SUBJECT: <u>R. K</u>	Pelly 15 LLC Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
		Name of Person	
	K Religs	LL C Firm/Company	
)	90 Sw 91	st dive apt Address	102
	Plantation	FL 3332 City/State and Zip Code	4
	ZdUT 450 E-mail address: (to	Daymail. Com	7 fication)
For further information c	oncerning this matter, please ca	11:	
Rendie Name o	M Felly f Person	at (954) 960 Area Code Daytim	6 9 1 9 9 Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	© \$30.00 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)

Mailing Address:

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

Street Address:

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

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{9-21-21}{}$ and assigned Florida document number <u>L71000455</u>.719 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RK Transport Services LLC
e 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 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.

If Changing Registered 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
			□Add
			□Remove
			Change
			□Remove
		Change	
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			Remove
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). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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	<u> </u>
(If an ef Note:	tive date, if other than the date of filing:
the reco	rd 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 iled.
Dated	[1- 11 16-21.
	Signature of a member or authorized representative of a member Pendien Kelly Typed or printed name of signee
	Signature of a member or authorized representative of a member
	Rendien Kelly Typed or printed name of signee