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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

K.A.S. TRANSPORT ELC SUBJECT: 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: AIBLYS FERRIOL Name of Person Firm/Company 8363 SW 107 AVE APT C Address MIAMI / FL / 33173 City/State and Zip Code kastransport21@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: AIBLY'S FERRIOL Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55,00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TALLAHASSER	2022 MAY 26	
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K.A.S. TRANSPORT LLC

N.A.S. UKANSPORT LLC		7 P 🗢 🔾
(Name of the Limited Lia	bility Company as it now appears on our records.) orida Limited Liability Company)	
(A Flo	orida Limited Liability Company)	7: 3 STALE LORIE
The Aminton of Occasion in Co. At 11 to 11 1111	0 10/19/2021	
The Articles of Organization for this Limited Liability	y Company were filed on	and assigned
Florida document number <u>L21000455968</u>		
This amendment is submitted to amend the following	;:	
A. If amending name, enter the new name of the l	imited liability company here:	
KAS TRANSPORT LIMITED LIABILITY COMPANY		
The new name must be distinguishable and contain the words "I	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 AD	DRESS)	
-		
		
Enter new mailing address, if applicable:		
.,		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe		me of the new registered
agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
regissed gine radicas.	Enter Florida street address	
	. Florida	
-	, Florida _	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>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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