

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAXPROS OF CLERMONT LLC
Account Number : I20210000146
Phone : (352)660-1026
Fax Number : (800)466-5730

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ADMIN@TAXPROSOFCLERMONT.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KAPNICK TRUCKING LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2022 APR 1 11:10:32

2022 APR - 1 PM 4:08
 APPROVED
 AND
 FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KAPNICK TRUCKING LLC

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:

DAVID NAMENTUK

Name of Person

TAX PROS OF CLERMONT LLC

Firm/Company

4279 S HWY 27, SUITE E

Address

CLERMONT, FL 34711

City/State and Zip Code

ADMIN@TAXPROSOFCLERMONT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHANIE MONROY

352 660-1026
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

KAPNICK TRUCKING LLC

(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 01/19/2022 and assigned Florida document number L22000036293.

This amendment is submitted to amend the following:

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 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:

TAX PROS OF CLERMONT LLC

New Registered Office Address:

4279 SOUTH HWY 27 SUITE E

Enter Florida street address

CLERMONT

City

, Florida 34711

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.

David Nameniuk
If Changing Registered Agent, Signature of New Registered Agent

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AND
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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>	<u>Type of Action</u>
MGR	KAPNICK, AMBER M	93 SOUTH WINTER PARK DRIVE	<input type="checkbox"/> Add
		CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Remove
		93 SOUTH WINTER PARK DRIVE	<input type="checkbox"/> Change
AMBR	KAPNICK, NATHAN A	CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated APRIL 1 2022

DAVID NAMENIUK

Typed or printed name of signee