

L22 000052733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

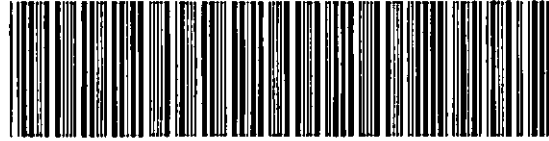
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TALLAHASSEE, FL

2022 OCT -5 PM 4:10

FILED

A. BUTLER

OCT 12 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: K.B.C. Transport L.L.C.

DOCUMENT NUMBER: L22000052733

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith Collier

Name of Contact Person

K.B.C. Transport L.L.C.

Firm/ Company

2183 Thornbrook DR

Address

Jacksonville, Florida 32221

City/ State and Zip Code

kbcTransportllc38@gmail.com

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

For further information concerning this matter, please call:

Keith Collier

at (904) 613-9725

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address:

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

Street Address:

Amendment 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

K.B.C. Transport LLC

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

FILED
2022 OCT -5 PM 4:10
CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/31/2022 and assigned
Florida document number 22000052733.

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 "LLC."

Enter new principal offices address, if applicable:

SAME

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME

(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:

Keith Collier

New Registered Office Address:

2183 Thornbrook Dr

Enter Florida street address

Jacksonville

City

Florida

32221

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.

Keith Collier

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Rushard T Collick	2183 Thornbrook Dr	<input type="checkbox"/> Add
		Jacksonville, FL 32221	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Keantha A Collick	2183 Thornbrook Dr	<input type="checkbox"/> Add
		Jacksonville, FL 32221	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Karen D Collick	2183 Thornbrook Dr	<input type="checkbox"/> Add
		Jacksonville, FL 32221	<input checked="" 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

[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 09/28, 22

Keith H. Colhick
Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 OCT -5 PM 1:06

September 26, 2022

KEITH COLLIER
2183 THORNBOOK DR
JACKSONVILLE, FL 32221

SUBJECT: K.B.C. TRANSPORT L.L.C.
Ref. Number: L22000052733

We have received your document for K.B.C. TRANSPORT L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANT. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 322A00021433