## k22000072715

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## **COVER LETTER**

TO: Registration : Division of C	Section orporations		
KENIENT SUBJECT:	NY TRUCKING LLC		
	Name of L	imited Liability Company	
***			
The enclosed Articles o	f Amendment and fee(s) are si	abmitted for filing.	
Please return all corresp	nondence concerning this matte	er to the following:	
	KENDY SENECHARLE	žS.	
		Name of Person	
		Firm/Company	
	9301 summit center way	• •	
		Address	
	Orlando Florida 32810		
		City/State and Zip Code	
	keniennytrucking(a)gmail.c		
		(to be used for future annual report notific	ation)
For further information c	concerning this matter, please of	call:	
KENDY SENECHARLI		321 5123224 at ()	
Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	ic following amount:		
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	LJ \$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		Street Address:	
Registration S	ection	Paniatestian C	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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**

( <u>Name of the Limited Liabil</u> (A Florid	its Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number 1.22000072715	Company were filed on February 14th 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
KENIENNY LOGISTICS LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	abbreviation "L.E.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	CtÚ.	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

KENIENNY TRUCKING LLC

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>	Address	Type of Action
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record specifies a delayed effective dat Lis filed.	e, but not an i	effective time	, at 12:01 a.m	. on the earlier	of: (b) The 9	Oth day after t	he 2022
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