122000 115145

| (Requestor's Name) |
|--|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: Received Trivorish email 5/12/22 |
| Wingtown Office Use Only |



900384592789

04/08/22--81328--018 **35.00

FILED 1022 MAY 12 PM 1:07 FEGRE MAX OF STATE

A. BUTLER MAY 1 2 2022

COVER LETTER

| то: | | ration Seon of Cor | ction porations | | | |
|-----------|---------------------|-----------------------|---------------------------------|--|--|---|
| | - | 7 Kings | Trucking LLC | | | |
| SUBJEC | CT: | | Name of Lim | ited Liability Company | | - |
| The encl | losed A: | rticles of . | Amendment and fee(s) are sub | mitted for filing. | | |
| Please ro | cturn all | согтеѕро | ndence concerning this matter | to the following: | | |
| | | | 5 | Shania Harrison | | |
| | | | | Name of Person | | |
| | | | 7 | Kings Trucking LLC | | |
| | | | | Firm/Company | | _ |
| | | | | 1303 Regan Av | e | |
| | | | | Address | | _ |
| | Lakeland , FI 33805 | | | | | |
| | | | | City/State and Zip Code | | _ |
| | | | | 7KingsTruckingLL | .C@Gmail.com | |
| | | | E-mail address: (| to be used for future annua | report notification) | - |
| For furth | her into | rmation c | oncerning this matter, please c | all: | | |
| | | Shac | ona Harrison | at (863) | 327-7740 | |
| | | Name o | f Person | Area Code | Daytime Telephone Num | ber |
| Enclosed | d is a ch | neck for th | ic following amount: | | | |
| T7, \$25. | nli4 00, | ng Fee | | □ \$55.00 Filing Fee Certified Copy (additional copy is en | Certifi (closed) Certifi | Filing Fee, icate of Status & led Copy nal copy is enclosed) |
| | | g Addres tration S | | <u>Street A</u> Registr | address: ration Section | |
| | _ | | orporations | | on of Corporations | |
| | P.O. I | Box 632 | 7 | The Co | entre of Tallahassee | |
| | Tallal | hassee, F | £L 32314 | 2415 N | Monroe Street, Suite | : 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 12 PM 1: 07 7 Kings Trucking LLC (Name of the Limited Liability Company as it now appears on our records) = CRETARY OF STATE

(A Florida Limited Liability Company)

TALLARY OF STATE 03/07/2022 and assigned The Articles of Organization for this Limited Liability Company were filed on ___ L22000115145 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 7 Kings Logistics LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 6720 S Florida Ave. Enter new principal offices address, if applicable: Apt 6308 (Principal office address MUST BE A STREET ADDRESS) Lakeland, Fl ,33813 6720 S Florida Ave, Enter new mailing address, if applicable: Apt 6308 (Mailing address MAY BE A POST OFFICE BOX) Lakeland, Fl, 33813 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: N/A Name of New Registered Agent: 6720 S Florida Ave New Registered Office Address: Enter Florida street address , Florida ___33813 Lakeland City

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.

| N/A | |
|--|------------------|
| If Changing Registered Agent, Signature of New R | legistered 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 |
|--------------|-----------------|-----------------------------------|-------------------|
| MGR | Shagan Harrison | 1303 Regan Ave, Lakeland FL 33805 | []Add |
| | | | [⊠ Remove |
| | | | □Change |
| | | | [] Add |
| | | <u> </u> | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | = | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | [] Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| | ne to : * 7 Kings Logistics LLC* |
|---|---|
| Removing A Manager, Shag | gan Harrison From "7 Kings Trucking LLC" and "7 Kings Logistics LLC" |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| ctive date. If other than the date | te of filling: (optional) |
| : If the date inserted in this block of | specific and earnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 does not meet the applicable statutory filing requirements, this date will not be listed as |
| ment's effective date on the Depart | unent of State's records. |
| erd amontion a delayard affordists dat | te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| filed. | ie, our our an effective time, at 12.01 a.m. on the carrier of (0) |
| | 11:58 AM |
| <u> </u> | 11.30 AW |
| 05/09/2022 | |
| | · Haning |
| | ature of a member or authorized representative of a member |

Filing Fee: \$25.00



April 28, 2022

SHANIA HARRISON 1302 W 9TH ST LAKELAND, FL 33805

SUBJECT: 7 KINGS TRUCKING LLC

Ref. Number: L22000115145

We have received your document for 7 KINGS TRUCKING LLC 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 FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. 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.

Letter Number: 222A00009910

Anissa Butler Regulatory Specialist II