KZZCCU1577499

(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cartified Conies Contification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-
111
517/29
1
<u> </u>

Office Use Only

100388209801

05/28/22-+01005--020 ******25.00

2022 MAY 26 PM 6: 05

COVER LETTER

TO: Registration S Division of Co	ection rporations						
	KINGDOM BRO	THERS TRANSPORT LLC					
SUBJECT:	Name of Lin	nited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Name of Person							
BizzyNinja Inc							
Firm/Company							
2805 ORANOLE WAY							
		Address					
		APOPKA, F1. 32703					
		City/State and Zip Code					
	kingdomlarotherstransport@yahoo.com E-mail address: (to be used for future annual report notification)						
For further information of	concerning this matter, please c	·	in Radon)				
ALFREDO CAS	STANEDA JR	800 610-7322					
Name (of Person	at () Area Code Daytin	ne Telephone Number				
Enclosed is a check for t	he 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)				
Marilling Addan		Stancet Addresses					

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

DocuSign Envelope ID: 70DA5BD8-1C62-4240-A94C-28CAC2BE8DA0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 26 PM 6: 06

KINGDOM BROTHERS TRANSPORT LLC (Name of the Limited Liability Company as it now appears on our records.) - 1500 f Ur SIAJE (A Florida Limited Liability Company) TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on _______ and assigned Florida document number L22000157799 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 "L.L.C." 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: New Registered Office Address: Enter Florida street address

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

____. Florida ____

DocuSign Envelope ID: 70DA5BD8-1C62-4240-A94C-28CAC2BE8DA0 in amending Authorized rerson(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
AMBR	CRISTINA GARCIA	2805 ORANOLE WAY	
		APOPKA, FL 32703	■Remove
			□ Change
			□Add
			□Remove
			□Change
	.		□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
		_	□Add
			□ Re move

D. If am	ending any other information	n, enter change(s) here:	(Attach additional sheet	s, if necessary.)	
					
				<u> </u>	
					
					
					
					
(If an et <u>Note:</u>	tive date, if other than the da ffective date is listed, the date must be If the date inserted in this block ment's effective date on the Depa	specific and cannot be prior to does not meet the applical	date of filing or more than 90 ble statutory filing requiren	(optional) days after filing.) Pursuant to 605,0207 (ents, this date will not be listed as t	3)(b) he
If the reco		nte, but not an effective tin	ne, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the	
Dated	May 20th	2022			
		JA H	uShipned by.		
	Sig	nature of a member or author	Zer representative of a memb	<u></u>	