## L22 000 201 243

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500393544645

09/12/22--01020--014 \*\*25.00

2022 SEP 12 AM 9: 10
SECRETARY OF STATE
TALLAHASSEF, PATE

## **COVER LETTER**

	Registration Sec Division of Corp				e de la companya de l
eun wa	KEVON TR	ANSPORTATION & LOGIS	TICS LLC		
SUBJEC	. I :	Name of Lim	ited Liability Company		
The encl	osed Articles of A	Amendment and fec(s) are sub	mitted for filing.		
Please re	turn all correspor	ndence concerning this matter	to the following:		
		KEVON KENNEDY			
			Name of Person		
		S.			
		THE THE			
		PIZE			
		KEVONKENNEDY9@GN	City/State and Zip Code IAH_COM to be used for future annual report notifi	iestion)	RASSEE, FL
For furth	er information ec	oncerning this matter, please ca		,	THE TO
CASSAN	NDRA RHODES		954 614-4358		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed	is a check for th	e following amount:			
<b>≡</b> \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	Mailing Address Registration S Division of Co	Section	Street Address: Registration Sec Division of Corp		
	P.O. Box 632		The Centre of Ta		

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEVON TRANSPORTATION & LOGISTICS 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  $\frac{04/27/2022}{1}$ and assigned Florida document number 1.22000201243This 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: (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.

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>	Address	Type of Action
MGR	OMAR GARCIA	2630 W BROWARD BLVD	■Add
		STE 203-1082	□Remove
		FORT LAUDERDALE, FL 33312	□Change
			🗆 Add
			□Remove
			Change
			SECRETALLA
			SECRETARY OF STATE
			□Add
			□Remove
			☐ Change
			🗀 Add
			□Remove
			∏Change.

	_
	_
SEC TA	
TAC 22 SE LET LET LET LET LET LET LET LET LET LE	<del>ال</del> . —
→ → → → → → → → → → → → → → → → → → →	Sarces Section
ASSET AN	<u> </u>
<u></u>	(
	<del></del>

. . .

Filing Fee: \$25.00