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RECEIVED

COVER LETTER

TO:

TO: Registration Division of C				
	ully Saunders Consulting LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre	spondence concerning this matter	to the following.		
	Lucy Saunders			
		Name of Person		
		Firm/Company		
	113 South Monroe Street #	0700		
	····	Address	-	
	Tallabassee, FL 32301			
		City/State and Zip Code		
	Info@successfullysaunders #-mail address: (consulting.com to be used for future annual report not	(itication)	
For further information	n concerning this matter, please c	all:		
Lucy Saunders		830 - 610-6644		
Name of Person		_ at () Area Code — Daytir	at (
Enclosed is a check to	r the following amount:			
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Cortified Copy (additional copy is enclosed)	L1 \$60.00 Filing Fee, Cartificate of Status & Certified Copy (additional copy is enclosed)	
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations l'allahassee de Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K-One Transports LLC

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

The Articles of Organization for this Limited Liability Compar	and assigned			
Florida document number L22000213133				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	hility company here:			
Successfully Saunders Consulting LLC				
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"			
Enter new principal offices address, if applicable:		2023 SEC		
(Principal office address MUST BE A STREET ADDRESS)		2023 HAY 25 AP		
		25		
		SSR 🛖 Mi		
Enter new mailing address, if applicable:	• • •	STA 5		
(Mailing address MAY BE A POST OFFICE BOX)		5		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	Cliv	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.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_heing added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
N/A				□Add
				LI Remove
				Change
-				, MAdd
				ElRemove
				□lChange
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				LìAdd
			· -	⊟Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Typed or printed name of signee

Signature of a member or authorized representative of a member

Lucy Saunders