Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000063532 3)))



H230000635323ABCY

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KONG LOGISTICS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

1- 3-0 223

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kong Logistics LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Jiability Company)	<u> </u>		
The Articles of Organization for this Limited Liability Company were filed on 07/27/2022 and assigned Florida document number L22000332677  This amendment is submitted to amend the following:				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	م مبد ماند	- 27		
(Mailing address MAY BE A POST OFFICE BOX)		222		
		mi + 2		
		17		
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name	of the new registered		
agent and/or the new registered office address here:		<del>1</del> 2:		
		2		
Name of New Registered Agent:		<u>ω</u>		
New Registered Office Address:				
	Enter Florida street address			
	Florida			
	City	Zin 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, 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
AMBR	Montero, Tiffany	7901 4th St N STE 300	🗆 Add
		St. Petersburg, FL 33702	<b>X</b> IRcmove
			□Change
AMBR Forrest, Tiffany	7901 4th St N STE 300	<b>K</b> Add	
	St. Petersburg, FL 33702	□Remove	
		□Change	
			□Add
			□Remove
			□Change
		□Add	
			□Remove
			□ Change
			□Add
		□Remove	
		□ Change	
			Remove
			□Change

•	
	······································
(If an ef Note:	ive date, if other than the date of filing:
he reco ord is f	rd 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 led.
Dated	02/17 2023
	Signature of a member or muthorized representative of a member
	Robin Jones
	LIGHT INDO

Filing Fee: \$25.00