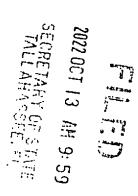
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COVER LETTER

TO: Registrati Division o	Section orporations .		
Kelso SUBJECT:	ansportation LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Articl	of Amendment and fee(s) are submitted for filing.		
Please return all cor	pondence concerning this matter to the following:		
	Kelsey Bockhorn		
	Name of Person	_	
	Kelso Transportation LLC		
	Firm/Company	_	
	755 Cypress Road		
	Address	_	
	St Augustine, Fl 32086	1022 OC SECRE	ć
	City/State and Zip Code kelsogransportation@gmail.com	2022 OCT 13 AM 9: 59 SECRETARY OF STATE TALLAHASSEE, FL	1
	E-mail address: (to be used for future annual report notification)	SSE R	
For further informa	n concerning this matter, please call:	9 5 5 7 9 5	
Kelsey Bockhorn	904 671-3830 at ()	H. H.	
N	c of Person Area Code Daytime Telephone Number	er	
Enclosed is a check	r the following amount:		
■ \$25.00 Filing F	(additional copy is enclosed) Certified	rate of Status &	
Division P.O. Box	n Section Registration Section Corporations Division of Corporations	810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kerso transportation 12122		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company	v were filed on September 26, 2	2022 and assigned
Florida document number L22000418134		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "I.1	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		
		B22 DCT SECRET
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	 	- SSO 2
		<u> </u>
		· 🛗 🧿
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, I	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties. provided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is

If amending any other inf	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
	Leso Transportation LLC
-	155 Cypross Road
	Et Augustie, II 30086
	Phone: Kelcon 904 671 3830
	Émal: Kelsufransportation LLeo
DULLANDIES	Pera net
	Owner/Myr Kelsey Bockhoin
	Owner/Mar Kelsey Bockhosn (Hosistant) Mar Eric Bockhosn Per (istrait Agent Christie Daniele
	Recistrad Agent Christie Daniel
- The	Sey Brokens Sinn were Myr & AMBR Sey Brokens 18 Owner 180 - 50 I Vieted as Myr on yous form
<u> </u>	SOY Brokhon 18 OWNER 180 - 50 I
	11=fed as Mer on yous form
	Since that is all you offere
Effective date, if other tha	Sentember 26, 2022
(If an effective date is listed, the d. Note: If the date inserted in	the must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 this block does not meet the applicable statutory filing requirements, this date will not be listed a
document serverive date on	TACRE
the record specifies a delayed e ford is filed.	rective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
27 : 1	SSET A TO
Dated	SEE STATE OF
	Signature of a member of authorized representative of a member
	Christine Danie Ison
	1 1 2011/15/2016 1 2 41/1/2 15/06