

L22 000 445 825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

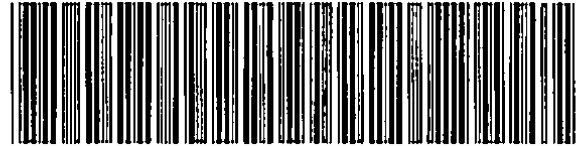
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2022 NOV -3 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elkana Transport Svc
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Garfield McKenzie

Name of Person

Elkana Transport Svc

Firm/Company

90 NW 27th Ct

Address

Boynton Beach, Florida 33461

City/State and Zip Code

Gman301973@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kordell McKenzie

Name of Person

at (561) 889-5434

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elkana Transport Svc

(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 October 17th, 2022 and assigned Florida document number L22000445825.

This amendment is submitted to amend the following:

1. If amending name, enter the new name of the limited liability company here:

Elkana Transport LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

90 NW 27th Ct Boynton Beach, FL 33435

Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

90 NW 27th Ct Boynton Beach, FL 33435

Mailing address MAY BE A POST OFFICE BOX

2. 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:

Kordell McKenzie

New Registered Office Address:

90 NW 27th Ct

Enter Florida street address

Boynton Beach

Florida

City

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 Changing Registered Agent, Signature of New Registered Agent

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2022 NOV -3 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Garfield McKenzie</u>	<u>90 NW 27th Ct Boynton Beach, FL 33435</u>	<input checked="" type="checkbox"/> Add
		<u><input type="checkbox"/> Remove</u>	
		<u><input type="checkbox"/> Change</u>	
<u>MGR</u>	<u>Kordell McKenzie</u>	<u>2516 10th Ave N Unit 208 Lake Worth, FL 33461</u>	<input type="checkbox"/> Add
		<u><input checked="" type="checkbox"/> Remove</u>	
		<u><input type="checkbox"/> Change</u>	
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u><input type="checkbox"/> Remove</u>	
		<u><input type="checkbox"/> Change</u>	
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u><input type="checkbox"/> Remove</u>	
		<u><input type="checkbox"/> Change</u>	
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u><input type="checkbox"/> Remove</u>	

☐ Change

Figure 1 consists of three panels, (a), (b), and (c), each showing a horizontal timeline of an experimental trial. Panel (a) is labeled 'Pretest' and shows a single trial with a duration of 10 minutes. Panel (b) is labeled 'Experiment 1' and shows a single trial with a duration of 10 minutes. Panel (c) is labeled 'Experiment 2' and shows a single trial with a duration of 10 minutes. Each panel includes a vertical line indicating the start of the trial and a horizontal line indicating the end of the trial.

☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Dated . October 26th ,2022

Kull McKinn

Signature of a member or authorized representative of a member

Kordell McKenzie

Typed or printed name of signee

Filing Fee: \$25.00