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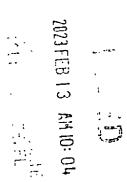
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Eddiness Entity Marile)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					

Office Use Only



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Exertación Jo

COVER LETTER

	Registration Sec Division of Corp				
SUBJEC	T: Elkana Tra	insport LLC			
		Name of Limit	ed Liability Company		
The enclo	sed Articles of A	mendment and fee(s) are subm	sitted for tiling.		
Please reti	um all correspond	dence concerning this matter to	the following:		
			Garfield McKenzie		
			Name of Person		
			Elkana Transport LLC		
Firm/Company					
90 NW 27th C1					
			Address		
			nton Beach, Florida 33461		
			City/State and Zip Code nn301973@yahoo.com		
			be used for future annual report no	tification)	
For further	information con	cerning this matter, please call:	:		
 -	Kordell Mo	Kenzie	at (_56])889-543	34	
	Name of Po	erson	Area Code Da	ytime Telephone Number	
Enclosed is	s a check for the 1	following amount:			
□ _\$ 25.00	0 Filing Fee 🗀 🤱	S30.00 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)	
				faudinnal copy is enclosed	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Addres			
		Registration			
			Corporations		
		20214		of Tallahassee	
Tallahassee, FL 32314		2415 N. Mo	onroe Street, Suite 810		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2023 FEB 13 AH 10: 04

Elkana Transport	<u>LLC</u>	
(Name of the Limited Linbility Comp (A Florida Lunned	any as it now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compar	ny were filed on October 17th,	2022 and assigned
Florida document number 1.22000445825		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Hikanah Transport I.L.	c	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
	90 NW 27th Ct Boyn	ton Beach, FL 33435
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
	90 NW 27th Ct Boynto	n Beach, FL 33435
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address	address on our records, <u>e</u> s here:	nter the name of the new
Name of New Registered Agent:	Kordell Mekenzie	
New Registered Office Address:		
	Enter Florida street add	tress
		Florida
	Cip	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

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

Title	Name	Address	Type of Action
AMBR	Kordell McKenzie	90 NW 27th Ct Boynton Beach, FL 33435	
			□ Remove
			□ Change
			—— □Add
			□ Remove
			Change
			□Add
			□ Remove
			Change
	-		——□Add
			Remove
			Change
			□Add
			□ Remove
			——_ □Change
			□Add
			□ Remove

Filing Fee: \$25.00