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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	

Special Instructions to Filing Officer:

Mr. Allen Confined that the the Luil be AP. He also disclosed that he no longer wish to change the none only address changes. 3/17 V.W.

Office Use Only



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3/17/23



COVER LETTER

TO: Registration Sect Division of Corpo			
SURJECT: RAA \	JETERANS CARE	RIER EXPRESS L.L.G.	
	Name of Limi	ted Liability Company	7
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	2		
	- Bashi	NE Allen SR.	<u> </u>
		Name of Fessi	
		Firm/Company	
	^		
	<u> 2437 C</u>	edar Rose St Address	
	122	1/2 C) 77711	
	770	OKO FL 32712 City/State and Zip Code	
	Tashin	edullen & Aoi. co	<u>H</u>
For further information cor	ri-mail address: (t neerming this matter, please ca	•	auon)
Kashine	Allen	at (<u>321</u>) <u>331 - 17</u>	82 elephone Number
Name of t	CISOII	Area code Dayume i	енфионе іманіка
Enclosed is a check for the	following amount:		
∑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Se		Registration Secti	
Division of Co P.O. Box 6327		Division of Corpo The Centre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAH VETERANS CARRIER	REXPRESS L.L.C.
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	were filed on $\frac{12 22 22}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile	ity company here:
RAA VETERANS COUTIE	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	2437 Cedar ROSE St
(Principal office address MUST BE A STREET ADDRESS)	APOPKA FL 32712 8
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office ac	2437 Cedar Rase 7 Apopka FL 32762 F D
agent and/or the new registered office address here:	
Name of New Registered Agent: ROS	hine Allen SR
New Registered Office Address: 243	7 Codor RosE ST Enter Florida street address
Apos	City , Florida 32712 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AP</u>	Rashine Allen	2437 Codar Rose St Apapka Fl	<u>~</u> (⊠ Add
			□Remove
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te: 11 th	date, if other than e date is listed, the da to date inserted in t s effective date on	his block does no	ot meet the appl	licable statutory f	or more than 90 d filing requirement	_(optional) ays after filing.)Pr nts. this date wi	ursuant to 605.020° Il not be listed as
cord spo s filed.	ecifies a delayed ef	fective date, but i	not an effective	time, at 12:01 a.	.m. on the earlie	erof:(b) The 9	0th day after the
cd	12/30/	22	_;		,		
		,,		11 18			
-	/c	Signature of	f a member or au	thorized representa	tive of a member		