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COVER LETTER

TO: Registration Se Division of Cor			
K.F.L. True	king LLC _		
SUBJECT:			
•	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kimberly LaRocca		
	•	Name of Person	
	KFL Trucking LLC		
		Firm/Company	····
	3017 Oakmont Dr		. 62
		Address	
	Clearwater, Florida 33761		0)
	klarocca2002@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Kimberly Larocca		727 637-9619	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u>	<u>88:</u>	Street Address:	
Registration	Section	Registration Se	
Division of C P.O. Box 632	-	Division of Cor The Centre of T	-
Tallahassee			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K.F.L. Trucking LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number 1.23000008917 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. 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: New Registered Office Address: Enter Florida street address

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.

City

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

<mark>Title</mark> MGR	<u>Name</u> Kimberly Larocca	Address 3017 Oakmont Dr Clearwater, Florida 33761	Type of Action
			= Add
			□Remove
			Change
			□Add
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te: If the date inserted in this block does not meet the applicable statutory fileument's effective date on the Department of State's records.	ling requirements, this date will not be liste
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ecord specifies a delayed effective date, but not an effective time, at 12:01 a.n	n on the earlier of: (b). The 90th day after
is filed.	
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Anuacy 23 . 2023. Ambedy LaRoc Ca Typed or printed name of signer	