

L23000062795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

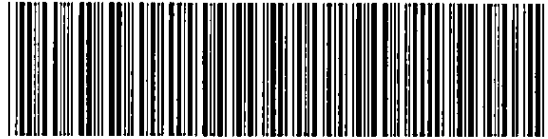
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/25/23--01007--019 \*\*25.00

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2023 APR 25 PM 12:04

2023 APR 25 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FL



CLERK OF THE OFFICE  
TALLAHASSEE, FLORIDA

COVER LETTER

Registration Section  
Division of Corporations

EFFECT: Kala Trucking, LLC  
Name of Limited Liability Company

Enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kala Baker  
Name of Person

Kala Trucking, LLC  
Firm Company

2843 HWY 1st Road  
Address

Live Oak, FL 32060  
City/State and Zip Code

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

For information concerning this matter, please call:

Calvin Ford at (850) 913-7887  
Name of Person 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

Kala Trucking, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 02/02/2023 and assigned  
a document number L23000062798

An amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

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

New principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

703 S.E. Byrd Ave  
Madison, FL 32340

New mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

2843 14 1st Road  
Live Oak, FL 32060

2023 APR 25 PM 12:04

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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:

Calvin Ford

New Registered Office Address:

703 S.E. Byrd Ave.

Enter Florida street address

Madison

Florida

32340

City

Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
moved from our records:

Manager

MR = Authorized Member

| <u>Name</u>     | <u>Address</u>      | <u>Type of Action</u>                      |
|-----------------|---------------------|--------------------------------------------|
| MGR Calvin Ford | 793 S.E. Byrd Ave   | <input checked="" type="checkbox"/> Add    |
|                 | Madison, Fl. 32340  | <input type="checkbox"/> Remove            |
|                 |                     | <input type="checkbox"/> Change            |
| MGR Kayla Baker | 2843 W 1st Road     | <input type="checkbox"/> Add               |
|                 | Live Oak, Fl. 32060 | <input checked="" type="checkbox"/> Remove |
|                 |                     | <input type="checkbox"/> Change            |
|                 |                     | <input type="checkbox"/> Add               |
|                 |                     | <input type="checkbox"/> Remove            |
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|                 |                     | <input type="checkbox"/> Add               |
|                 |                     | <input type="checkbox"/> Remove            |

[illegible]

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the instrument's effective date on the Department of State's records.

ed

25/23

Type, or print, name of signee