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SECRLIANT OF STALLARASCELLOS

2023 KAR -8 AM IO: 51

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2023 MAR -8 AM 9: 38

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: KEK Precision	Transportation imited Liability Company
The enclosed Articles of Amendment and fee(s) are st	abmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Chame	Name of Person
	Firm/Company
382 NE	191st ST PMD 10609 1
Miamin	City/State and Zip Code Cort 365 @ Grail (Com) s: (to be used for future annual report notification)
KKP+rans F E-mail addres	s: (to be used for future annual report notification)
For further information concerning this matter, please	e call:
Bessie Anderson Name of Person	at (<u>239</u>) <u>849-4746</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
♥ \$25.00 Filing Fee	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

ARTICLES OF O	RGANIZATION	
· OI	1	2022
	v as it now appears on our ability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>LJ30001060Lb</u> .	were filed on $2/2^{c}$	1/2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designati	on "LLC" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	ect address
		, Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my d provided for in Chapt	luties, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Actio	
MAR	Bessie Anderson	<u> </u>		
		1Eisgimme, FL 345	<u>S</u> G⊐Remove	
			□Change	
MGR	Pericia Bosta	1901 michigan Way		
		Kissimmee FL 34759	□Remove	
			□Change	
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			□Change	
			□Add	
			□Remove	
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			□Add	
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			□Change	
			□Add	
			□Remove	
			□Change	

lf amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>-</u>	
- 	
Note: I	re date, if other than the date of filing:
ne record ord is tile	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 d.
Dated _	March 8th 12003
	(6
	Signature of a member or authorized representative of a member
	Typed or printed name of signer
	Typed or printed name of signee

Filing Fee: \$25.00