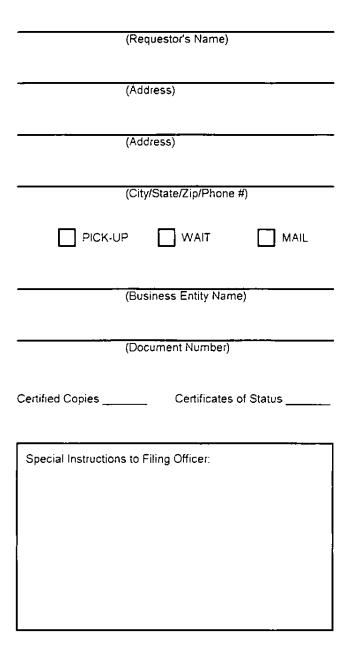
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: KING	adom Parker	S Trucking L ited Liability Company	tc.
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Casey	Clare Name of Person	•
	Kingdom P	arkers Truck	ing LLC.
	21001 NW	Firm/Company I HE PL APT 14	5
	Miami, f	-L 33169	
	Kingdompark E-mail address (1	City/State and Zip Code CITY/State and Zip Code CITY/State and Zip Code Cod	<u>-</u>
For further information co	oncerning this matter, please co	all:	
CQSCY Number of	Clare	$\frac{1}{\text{Area Code}} = \frac{1876}{\text{Oaytime}}$	Telephone Number
Enclosed is a check for th	ne 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

iability Company as it now appears on our records.)
forida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 28, 2023 and assigned Florida document number L23000156352 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<u>_</u>			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			Change

(If an et Note:	tive date, if other than the date of filing: 3-28-204 (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
ne reco	rd 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 filed
Dated	march 28th 2004
	Signature of a member or authorized representative of a member