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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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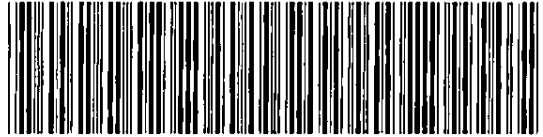
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KENDO AUTO SALES AND TRANSPORT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KETNER MAURASSE

Name of Person

KENDO AUTO SALES AND TRANSPORT LLC

Firm/Company

2031 SW 70 AVENUE SUITE C-18

Address

DAVIE FL 33317

City/State and Zip Code

kendoautosales@gmail.com

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

For further information concerning this matter, please call:

KETNER MAURASSE

954 907-1420
at ()

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

KENDO AUTO SALES AND TRANSPORT LLC

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>	<u>Address</u>	<u>Type of Action</u>
MGR	KATHIANNA BIJOU	21031 SWS 70 AVENUE SUITE C-18	<input checked="" type="checkbox"/> Add
		DAVIE FL 33317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KETNER MAURASSE	2031 SW 70 AVENUE SUITE C-18	<input type="checkbox"/> Add
		DAVIE FL 33317	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(If an effective 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 (3)(b)

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

Dated 08/07/2023 _____,

Ketner Macrae
Signature of a member or authorized representative of a member

Typed or printed name of signee