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SECRET S. F. C. SECRET

COVER LETTER

	tration Sect on of Corps		•	·
	ingKoopa T	rucking, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	·
		mendment and fee(s) are subdence concerning this matter		
		Kelly Jones		
			Name of Person	
		Affordable Accounting &	fax Prep. Inc	
			Firm/Company	
		473 S Croft Ave		
			Address	2024 JULY
		Inverness, FL 34453		
			City/State and Zip Code	O PH
		General@affordableaccoun	ting.info to be used for future annual report not	
For further info	ormation cor	neerning this matter, please o		ification)
Kelly Jones		· ·	352 419-4630	(*)
	Name of	?erson	at () Area Code Daytin	ne Telephone Number
Enclosed is a c	heck for the	following amount:		
■ \$25,00 Fili	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regi	ng Address: stration Se sion of Co		<u>Street Address:</u> Registration Sc Division of Co	
P.().	Box 6327		The Centre of	l'allahassee
Talla	thassee, Fl	J 32314	2415 N. Monre	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KingKoopa Trucking, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) .imited Lability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 9/12/23	and assigned
Florida document number <u>L23000425175</u>	<u>-</u> •	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limits	ed liability company here:	
Cooper Transport Services, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LEC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ANSTALL J.
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		P. 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the n</u>	ame of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	riorida	Zıp Code

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.

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
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			□Remove
			□Change
			□Remove
			□Change
			[]Add
			□Remove
			[]Change
			ZE Add
			Remove
			22 ±± 1674 ■Change
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ument's effect	ive date on the De	partment of State	e's records.			
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cora specifies : s filed,	i delayed effective	ate, but not an	effective time, at	12:01 a.m. on the c	earlier of: (b)	The 90th day after the
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ed	Kel	Signative of Emel	iber or authorized r	epresentative of a me	mber	

. . .

Filing Fee: \$25.00