

L23000440314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

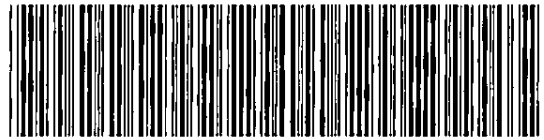
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/27/23--01020--005 **25.00

2023 OCT 27 PM 12:40
SECTION OF COM. CREATION

R. HUNT

6/27/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KGR LOGISTICS 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:

GRZEGORZ KOLAWA

Name of Person

KGR LOGISTICS LLC

Firm/Company

18495 S DIXIE HWY SUITE 274

Address

MIAMI, FL 33157

City/State and Zip Code

KOLAWA.GRZEGORZ@GMAIL.COM

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

For further information concerning this matter, please call:

GRZEGORZ KOLAWA

773 7507549
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

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Division of Corporations
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KGR LOGISTICS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/19/2023 and assigned
Florida document number L23000440314.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

18495 S DIXIE HWY, SUITE 274

MIAMI, FL 33157

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18495 S DIXIE HWY, SUITE 274

MIAMI, FL 33157

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:

GRZEGORZ KOLAWA

New Registered Office Address:

18495 S DIXIE HWY, SUITE 274

Enter Florida street address

MIAMI


Florida 33157

City

Zip 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 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	GRZEGORZ KOLAWA	18495 S DIXIE HWY SUITE 274	<input type="checkbox"/> Add
		MIAMI, FL 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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DIVISION OF CONSUMER PROTECTION
STATE OF FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

AN ERROR IN ADDRESS WAS MADE WHEN FILING THE ORIGINAL ARTICLES OF CONVERSION.

THE CORRECT ADDRESS NUMBER IS 18495 NOT 18459.

2023 OCT 27 PM 12:40

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

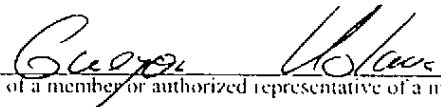
E. Effective date, if other than the date of filing: _____ **(optional)**

(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.

If the record 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 record is filed.

Dated OCTOBER, 16TH 2023



Signature of a member or authorized representative of a member

GRZEGORZ KOLAWA, MGR

Typed or printed name of signee

Filing Fee: \$25.00