L23000459588

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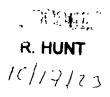
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DIVISION DE CORFORAT LA



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: King's Freight Transport 16C. 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:
Carlos Javier Reyes Name of Person J
King's Freight Transport, LLC
4003 Sunny Day Way
Addross Stander Fr. 34744 State and Zip Code
Λ
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Carlos Javier Reyes at (78) 363-2690 Name of Person Javier Reyes Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**

King's treight	ranspo	rt, L	L C		
(Name of the Limited Liability (A Florida Li	Company as itmow a mited Liability Comp	ppears on our re any)	cords.)		
The Articles of Organization for this Limited Liability Con Florida document number <u>L23000459</u> S	• •	n octob	ne(5,202	and assign	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	d liability compar	y here:			
The new name must be distinguishable and contain the words "Limited	d Liability Company,"	the designation "	'LLC" or the abbrevi	ation "L.L.C	1 79
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	<u> </u>			2023	<u> </u>
					910
Enter new mailing address, if applicable:				117	IAKY OF CO
(Mailing address MAY BE A POST OFFICE BOX)				PH 2:	10 2 12 12 12 12 12 12 12 12 12 12 12 12 1
	-			_	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on o	ur records, <u>er</u>	iter the name of	the new ro	egistered
Name of New Registered Agent:			. —		
New Registered Office Address:	Euto	r Florida street aa			
	Ente	r rioriaa sireei aa	aress		
	City	··	, Florida	ip Code	
New Registered Agent's Signature if changing Registered A	•		24	p code	

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>	Name	Address	Type of Action
AMBR	Maria Reyes	4003 Juny Dryway Kissimmee, h	Add
			□Remove
		<u></u>	□Change
			□Add
			□Remove
			Change 017
		<u> </u>	0171810% gt 2023 AGC 1 1
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			□Remove
			□ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		
	<u>-</u>	
	2023	DIVISION OF THE
	2023 QCT 1/7	
	<u>-</u>	
	PH12:140	1,7 & da 89,1 179 S. 30,7
	<u>-</u>	
······		
		
Effective date, if other than the date of filing:	int to 605.0207 (it be listed as th	(3)(b) he
the record specifies a delayed effective date, but not an effective time, at 12:01 a.in. on the earlier of: (b) The 90th cord is filed.	day after the	
Dated OC FOBET 11, 2023. Carlos Laure By Lucy Significant of a member or authorized representative of a member		
Carlos Javier Reyes Rivera Typed or printed name of signee		

Filing Fee: \$25.00