L23000471460

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02/19/24--01020--009 **25.00



COVER LETTER

TO:

TO: Registration Se Division of Cor			
-M & KERV	ANS TRUCKING LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MILLOT RAMOLIEN		
		Name of Person	
		Firm/Company	
	60230 CASA DEL REY		
		Address	
	ORLANDO, FL,32809		
	li	City/State and Zip Code	
	lomitrose@yahoo.com E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	
MILLOT RAMOLIEN		407 407259821	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	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		Street Address:	ection
Registration Section Division of Corporations		Registration S Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ds.)

M & KERVANS TRUCKING 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 L	· · · · · · · · · · · · · · · · · · ·	and assigned
Florida document number <u>L23000471460</u>	 ·	
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX	
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office address on our records, <u>ent</u> ess here:	er the name of the new registered
Name of New Registered Agent:	MILLOT RAMOLIEN	
New Registered Office Address:	SAME ADDRESS	
	Enter Florida street add	ress
		FloridaZip Code
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
	the state of the s	6 .1 . 1 .1 .1

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>	Name	Address	Type of Action
AMBR	MILLOT RAMOLIEN	6023 CASA DELREY CT APT B	
			Change
			□Add
			□Remove
			□Change
			□Adđ
			□Remove
			□Change
		1217-02-,	□Remove
			□Change
	<u> </u>		
			□Remove
			[]Change
			□Add
			□Remove

	
ective o	tate, if other than the date of filing: (optional)
effectiv e: If th	e 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 605.020 are date inscreted in this block does not meet the applicable statutory filing requirements, this date will not be listed a seffective date on the Department of State's records.
cord sp s filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
02/0 ed	
	Signature of a member or authorized representative of a member
	MILLOT RAMOLIEN
	INITED FOR MANAGEMENT

Filing Fee: \$25.00