

L23000471535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

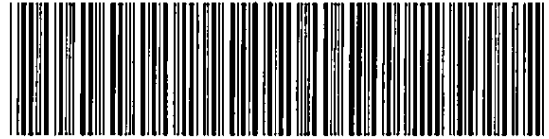
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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WILMINGTON, DE

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** KYP 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:

Jenny Ramlakhan  
Name of Person

\_\_\_\_\_  
Firm/Company

1906 sw 82 terrace  
Address

North Lauderdale FL 33068  
City/State and Zip Code

KYPLogisticsLLC@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenny Ramlakhan at (954) 955-00416  
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FL  
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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

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

KYP 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 Jan 11 2024 and assigned Florida document number L23000471535.

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)

1906 sw 82 terrace  
North Lauderdale FL 33068

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1906 sw 82 terrace  
North Lauderdale, FL 33068

**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:

Jenny Ramlatun

New Registered Office Address:

1906 sw 82 terrace

Enter Florida street address

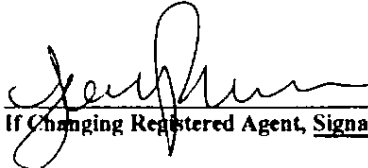
North Lauderdale, FL, Florida 33068

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

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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

Title	Name	Address	Type of Action
AMBR	Samuel Brown	250 NW 43 <sup>terrace.</sup>	<input type="checkbox"/> Add
		APT 10 Lawderhill 71 33313	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<del>AMBR</del>	<del>Jenny Ramakrishnan</del>	<del>250 NW 43<sup>terrace.</sup></del>	<input type="checkbox"/> Add
		<del>APT 10 Lawderhill 71 33313</del>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Jenny Ramakrishnan	19010 SW 82 <sup>terrace.</sup>	<input type="checkbox"/> Add
		North Lawderhill 71	<input type="checkbox"/> Remove
		33008	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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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 60207 (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 Jan / 1 / 2024

Jenny Ram Khan  
Signature of a member or authorized representative of a member

Jenny Ram Khan  
Typed or printed name of signee