L23000488492

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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11/20/23--01009--002 **25.00

SECRETARY OF STATE

FILED

COVER LETTER

TO: Registration Section Division of Corpora	
SUBJECT:	T TRUCKING LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.
Please return all corresponder	ence concerning this matter to the following:
	KAYANA THOMPSON-HYTON Name of Person TRIE KT TRUCKING LLC
-	Name of Person
	Firm/Company
	405 EXECUTIVE CENTER DR \$109
	Address
	WPB FL 33401
	City/State and Zip Code MTGSUCMEGMAIL, COM
_	E-mail address: (to be used for future annual report notification)
For further information conce	erning this matter, please call:
GRAHA	at (561) 541-398 Area Code Daytime Telephone Number
Name of Per	rson Area Code Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:
\$\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 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
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

(Name of the Limited Liability Company as it now appears on our records CRE TARY OF STATE
(A Florida Limited Liability Company)

FILED

KT TRUCKING LLC

2023 DEC -7 AM 8: 04

TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 10/25/2023 and assigned Florida document number $\underline{\text{L23000488492}}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TRIE KT TRUCKING LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City 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>	Name		Type of Action
MGR	KAYANA	405 EXECUTIVE DR	_ □Add
	THOMPSON - HYTON	#107 WEST PALM	- SAME
		405 EXECUTIVE DR #107 WEST PALM BEACH FL 33401	_ Exemove
			_ Change
			□Add
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Filing Fee: \$25.00