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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FILED

COVER LETTER

ΓΟ: Registration So Division of Co			
SUBJECT:	LR Auto a	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	\mathcal{L}_{c}	arana Barnes	
		Name of Person	
		Firm/Company	
		lege park circle	
	Nap	LES FL 34113 City/State and Zip Code	
	LV freic E-mail address	ht 760gmail. 10m	ication)
For further information of	concerning this matter, please c	all:	
Rarana Name o	Barnes of Person	at (<u>239</u>) <u>687 9</u> Area Code Daytime	208 Telephone Number
Enclosed is a check for t	he 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	•	FILED
(1) 1 1 0 1		2024 APR 0
LK Nuto Sales	L.L.C	2024 APR -8 Dis 1:05
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears ability Company)	on our records.)
,	,	
The Articles of Organization for this Limited Liability Company w	vere filed on	11/08/23 and assigned
Florida document number <u>L23000508167</u>		,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company her	<u>·e</u> :
LK Freight L.L.C		
The new name must be distinguishable and contain he words "Limited Liability	y Company," the de-	signation "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 ad	ldress on our re	cords, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florid	da street address
		Florida

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.

City

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00