

(Red	questor's Name)	
(Add	dress)	
Ų lūs	1.000,	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(0)		
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer;	

Office Use Only



900432034719

08/25/24--01021--015 **60.00

7111124

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	orporations		
	GS OF LOGISTICS TRANSPO	ORT LLC	
SUBJECT:	Name of Lim	aited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	simetice concerning this matter	to the following.	
	DERVIN FERRER		
		Name of Person	
	MGR		
		Firm/Company	
	2120 ORINOCO DRIVE :	SUITE 232	
		Address	
	ORLANDO FL 32834		
	 -	City/State and Zip Code	
	MALON640@GMAIL.CO		
		to be used for future annual report noti	lication)
For further information	concerning this matter, please e	all:	
DERVIN FERRER		786 6725055 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
	S30.00 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 Addre Registration Division of O P.O. Box 63:	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1	T.	1-	KINGS	OF I	OGISTICS	TRANSPORTI	I C

(Name of the Lim	ted Liability Compa (A Florida Limited	iny as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited L Florida document number L24000264570	iability Company	were filed on	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:	2120 ORINOCO DRIVE SUITE 232	
Principal office address MUST BE A STREE		ORLANDO FL 32834	
		 	
Enter new mailing address, if applicable:		2120 ORINOCO DRI	VE SUITE 232
Mailing address MAY BE A POST OFFICE BOX)		ORLANDO FL 32834	
			
3. If amending the registered agent and/or i gent and/or the new registered office addre	registered office : ss here:	address on our record	s, enter the name of the new regist
Name of New Registered Agent:	DERVIN FERI	RER	
New Registered Office Address:	2120 ORINOC	O DRIVE SUITE 232	
		Enter Florida stre	vet address
	ORLANDO	-	, Florida
		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?

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>	<u>Name</u>	Address	Type of Action
MGR	DERVIN FERRER	111 TOLUCA DR KISSIMMEE FL 34743	□Add
			Remove
			= Change
			DAdd
			□Remove
			Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□ Change
<u>_</u>			□Add
			Remove
			Change
			□Ádd
			□Remove
			□Change

-		
	-	
		
otes in the date inscribe in this bi	e date of filing: st be specific and cannot be prior to date of filing or more than 9- lock does not meet the applicable statutory filing requires	(optional) 0 days after filing.) Pursuant to 605,020 ments, this date will not be listed a
record specifies a delayed effective	fock does not meet the applicable statutory filing require	ments, this date will not be listed a
record specifies a delayed effective is filed.	epartment of State's records.	ments, this date will not be listed a
record specifies a delayed effective is filed. MIAMLEL ILIN 19	epartment of State's records.	ments, this date will not be listed a
pecument's effective date on the D record specifies a delayed effective is filed. MIAMLEL IUN 19	re date, but not an effective time, at 12:01 a.m. on the ear	rdier of: (b) The 90th day after the
ocument's effective date on the D record specifies a delayed effectiv l is filed.	re date, but not an effective time, at 12:01 a.m. on the ear	rdier of: (b) The 90th day after the

Filing Fee: \$25.00