## L24000432581

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EILED 2024 NOV 19 PM 4: 17

## **COVER LETTER**

TO:	Registration Se Division of Cor		•				
SUBJEC	~~~	ling Company LLC					
SOBJE		Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub	•				
		Melissa Wilson					
		-	Name of Person				
			Firm/Company				
14470 US Hwy 90, #11							
		Sanderson, FL 32087	Address				
		kvalegends@gmail.com	City/State and Zip Code				
			to be used for future annual report notif	fication)			
For furth	ner information c	oncerning this matter, please c	all:				
Melissa	Wilson		305 3453287				
	Name o	f Person	Area Code Daytime	e Telephone Number			
Enclosed	l is a check for th	ne following amount:					
■ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)			
	Mailing Address		Street Address				

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

KVA Distilling Company LLC <u> 2024 NOV 19 PM 4:</u> 17 (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 October 8, 2024 AHASSEE, FLORIDA and assign Florida document number \_\_\_\_L24000432581 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KVA Fleet Services LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 \_\_. Florida \_\_\_ 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 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		
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ffective date, if other than the can effective date is listed, the date must tote: If the date inserted in this blo ocument's effective date on the De	ck does not i	meet the ap	plicable s	of filing o	r more than thing require	(opti 0 days after ements, thi	onal) filing.) Pr s date wi	ursuant to (	605.020 isted a
record specifies a delayed effective is filed.	date, but no	t an effecti	ve time, a	t 12:01 a.i	n. on the ea	arlier of: (t	) The 9	0th day a	fter the
November 6		2024							
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<u></u>	Signature of a	member or a	uunorizea	representat	ive of a mer	nocr			

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