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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name - - RC TAX SERVICE HC LLC

Account Number : 120200000165

Phone

: (863)421-0617

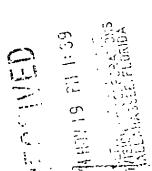
Fax Number

: (407)520-5473

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: H

LLC AMNU/RESTATE/CORRECT OR M/MG RESIGN KAVAS TRANSPORTATION LLC



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COVER LETTER

| TO: | Registration Sect Division of Corpo | | | |
|--------------|---|--|--|---|
| | | ANSPORTATION LLC | | |
| SUBJE | CT: | Name of Limit | ed Liability Company | |
| The enc | losed Articles of A | mendment and fee(s) are subn | nitted for filing. | |
| Please i | etum all correspon | dence concerning this matter t | o the following: | |
| | | Osmancan Kavas | | |
| | | | Name of Person | |
| | | Osmancan Kavas | | |
| | | | Firm/Company | |
| | | 2366 WHITE TAIL ST | | |
| | | | Address | |
| | | DAVENPORT, FL 33837 | _ | |
| | | osmancankavaslic@hotmail | City/State and Zip Code | |
| | | E-mail address: (t | o be used for future annual report notif | lication) |
| For fur | ther information co | ncerning this matter, please ca | 4 11: | |
| osman | can kavas | | 484 7443880 at () | |
| - | Name of | Person | Area Code Daytim | e Telephone Number |
| Enclos | ed is a check for th | e following amount: | | _ |
| = \$2 | 5.00 Filing Fee | © \$30.00 Filing Fec & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, 1 | Section orporations 7 | Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FI | rporations Fallahassee oe Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| KAVAS TRANSPORTATION LL | C | | | |
|--|---|--|---------------------------------------|--------------------|
| (Name of the Limit | ed Liability Company as (A Fiorida Limited Liabili | it now appears on our records ty Company) | .) | |
| The Articles of Organization for this Limited L Florida document number L24000469055 | iability Company were | filed on 11/05/2024 | and ass | igned |
| This amendment is submitted to amend the foll | owing: | | | |
| A. If amending name, enter the new name o | f the limited liability | company here: | | |
| The new name must be distinguishable and contain the v | vords "Limited Liability Co | ompany," the designation "LLC" | ' or the abbreviation "L. | L.C." |
| Enter new principal offices address, if applic | able: | | | |
| (Principal office address MUST BE 4 STREE | TADDRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | | <u> </u> | dy (c) | |
| B. If amending the registered agent and/or | — anistered affice addi | ess on our records, enter | the name of the ne | w <u>registere</u> |
| agent and/or the new registered office addre | ess here: | | i i i i i i i i i i i i i i i i i i i | 1 |
| Name of New Registered Agent: | osmancan kavas | <u> </u> | . വ <u> </u> | <u>U</u> |
| New Registered Office Address: | | Enter Florida street addres | <u> </u> | <u> </u> |
| | | , Flo | orida | |
| | , | City | Zıp 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.

OSMANCAN KOUOS
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 | Address | Type of Action |
|--------------|----------------|---------------------|----------------|
| AMBR | osmancan kavas | 2366 WHITE TAIL ST | □ Add |
| | | DAVENPORT, FL 33837 | |
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| ~= 4441.0 | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: | tive date, if other than the date of filing: [Sective 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 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. |
| he reco | rd 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 filed. |
| Dated | 11/082024 |
| | Signature of a member or authorized representative of a member |
| | Typed or printed name of signce |

Filing Fee: \$25.00