# M1900003050

(Requestor's	Name)
(Address)	
(Áddress)	
(City/State/Z	ip/Phone #)
PICK-UP W	VAIT MAIL
(Business E	ntity Name)
(Document N	Number)
Certified Copies Ce	rtificates of Status
Special Instructions to Filing Off	icer:
Office	Use Only

641



100391816711

97 05/20 6,971 01, \*\*C0.30

2022 7:15 - 2 PH 1: 27

Division in A

RECEIVER

Only

of 8/2/2022

## **COVER LETTER**

TO: Registration Division of	Section Corporations		
SUBJECT:	K, C & Son Name of Foreig	LC n Limited Liability Cor	npany
Dear Sir or Madam	:		
The enclosed applic	eation, certificate and fee(s)	are submitted for filing	;.
Please return all cor	respondence concerning thi	s matter to the followir	ម្ភ:
<u>Claudi</u>	Name of Person		
	Firm/Company		
30408	N3Th Dr Address		
Obrier	FL 3207 City/State and Zip Code	<u>,                                    </u>	
E-mail address: (	Condson Conto be used for future annual	report notification)	
Vaudia	tion concerning this matter, MOTALS ne of Person	at ( <u>904</u> ) <u>40</u>	8 1073 ime Telephone Number
Mailing Addi Registration Division of P.O. Box 6 Tallahassee	n Section Corporations 327	Divisio The Ce 2415 N	ddress: ation Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810 ssee, FL 32303
Enclosed is □\$25 Filing Fee	a check for the following  ☐ \$30 Filing Fee &  Certificate of Status	amount: ☐ \$55 Filing Fee & Certified Copy	☑ S60 Filing Fee, Certificate of Status & Certified Copy

 $(i_1 \overset{\bullet}{\partial}_{\mathbf{k}}) \circ (i_2 \overset{\bullet}{\partial}_{\mathbf{k}}) = (i_1 \overset{\bullet}{\partial}_{\mathbf{k}})$ 





July 28, 2022

CLAUDIA MORALES 20408 113TH DRIVE OBRIEN, FL 32071

SUBJECT: K,C & SON LLC Ref. Number: M19000003050

We have received your document for K,C & SON LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 722A00016953

Claretha Golden Regulatory Specialist II

www.sunbiz.org

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

2022 AUG - 2 PH 1: 27

1. Name of limited liability Company as it appears  State: K. C. & Son U.C.	:
Enter new principal office 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)	
2. The Florida document number of this limited lia	ability company is: M 19 00003050
3. Jurisdiction of its organization: WA	
4. Date authorized to do business in Florida:	3/20/2019
SECTION II (5-9 complete only the applicable of	
5. New name of the limited liability company:(must	K.C. 2 Son Logistics UC st contain "Limited Liability Company," "L.L.C" or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	d for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate name. C." or "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	red officer address on our records. enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Florida
New Registered Agent's Signature, if changing Re	egistered Agent: ent and agree to act in this capacity. I further agree to comply wi

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.

itle/ Capacity	<u>Name</u>	Address	Type of Action
		<u> </u>	□Add
			□Remo
		***************************************	□Add
			□Remo
	· · · · · · · · · · · · · · · · · · ·	,	□Add
			□Remo
			□Add
			□Remo
			□Add
aforementioned an	he law of which this entity is organiz	e official having custody of records in the	□Remo

Filing Fee: \$25.00

Hamaira - - Hill



Secretary of State

I, STEVE R. HOBBS. Secretary of State of the State of Washington and custodian of its seal, hereby issue this certificate that according to records on file in this office.

Certificate of Amendment to

#### K, C & SON LLC.

a Washington Limited Liability Company, whereby the Limited Liability Company name is changed to

### K, C & SON LOGISTICS LLC

Was received and filed by this office on August 1, 2022

Date Issued: August 2, 2022

UBI: 604 103 312



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

to R Hobbie

Steve R. Hobbs, Secretary of State