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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

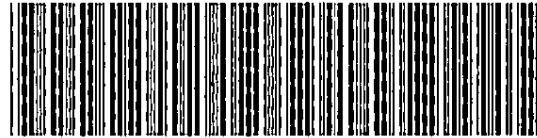
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AXLEY BRYNELSON, LLP

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GREGORY C. COLLINS
gcollins@axley.com
608.283.6749

October 15, 2020

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Amendment to Certificate of Authority
Our File: 506.84028

Dear Sir/Madam:

Enclosed is an Application by a Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida executed by Florida Kenworth, LLC ("Company"), together with our check for the filing fee of \$25.00. The Company is a Wisconsin limited liability company. Under Section 183.0202 of the Wisconsin Statutes, the articles of organization that created the Company may not list the names of members or managers/officers. Accordingly, no amendment was filed with the Wisconsin Department of Financial Institutions and no amendment is included with the application. This Application is being filed to change the title of the listed individuals from "Authorized Person" to "Manager."

Please let us know if you have any questions.

Sincerely,

AXLEY BRYNELSON, LLP

Gregory C. Collins
GCC:mah
Enclosure
cc: Jon Parker (w/enc.)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Kenworth, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jon Parker

Name of Person

Florida Kenworth, LLC c/o CSM Companies, Inc.

Firm/Company

5100 Eastpark Blvd., Suite 210

Address

Madison, WI 53718

City/State and Zip Code

jon.parker@csntruck.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory C. Collins

at (_____) 608-283-6749

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

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SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Florida Kenworth, LLC

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 liability company is: M20000007728

3. Jurisdiction of its organization: Wisconsin

4. Date authorized to do business in Florida: 8/17/2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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 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

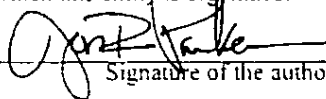
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902(1)(e), indicate that change:

Title Change

<u>Title Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	James Moeller	5100 Eastpark Blvd., Suite 210	<input checked="" type="checkbox"/> Add
		Madison, WI 53718	<input type="checkbox"/> Remove
MGR	Jon Parker	5100 Eastpark Blvd., Suite 210	<input checked="" type="checkbox"/> Add
		Madison, WI 53718	<input type="checkbox"/> Remove
MGR	William Kozek	5100 Eastpark Blvd., Suite 210	<input checked="" type="checkbox"/> Add
		Madison, WI 53718	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Jon Parker

Typed or printed name of signee

Filing Fee: \$25.00