

U1600038877

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

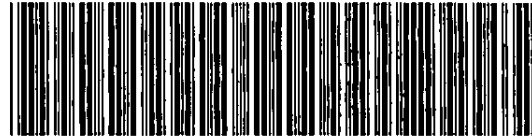
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2016 MAY 23 A 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAY 25 2015
BRUCI

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Direct Load Transport, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank Tirado
Name of Person
Direct Load Transport, LLC
Firm/Company
4911 Southwark Dr N
Address
Jacksonville, FL 32257
City/State and Zip Code
dloadt@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yoamis Lopez at (904) 252-0611
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FL 32301
2016 MAY 23 A 8:00
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Direct Load Transport, LLC

(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 02/24/2016 and assigned Florida document number L16000038877.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

<u>Name of New Registered Agent:</u>	Frank Tirado
<u>New Registered Office Address:</u>	_____
	<i>Enter Florida street address</i>
	_____, Florida
	<i>City</i>

	<i>Zip Code</i>

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TALLAHASSEE, FLORIDA
MAY 23 8:00 AM
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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.

Frank Tirado

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>	<u>Address</u>	<u>Type of Action</u>
MNG	Frank Tirado	4911 Southwark Dr N ,Jacksonville	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Yoamis Lopez		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		4911 Southwar Dr N ,Jacksonville	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 2018 MAY 23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 10:00 AM

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 5/16/14 _____


Signature of a member or authorized representative of a member

Yoamis Lopez
Typed or printed name of signee

2016 MAY 23 A 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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