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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LOODED DISPATCH 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:
Patrick Pierre Name of Person
Laded Dispatch LLC
545 Sw Brd Terrace Address
Homestead, FL 33036 City/State and Zip Code Patrick Plerve E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patrick Pierre at (305) 508-4385 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Loaded Distato	h	<u> </u>	· · · · · ·					
(Name of the Limited) (A	Liability Compan Florida Limited L	iy as it now ap iability Compa	pears on o ny)	ur records.	.)			
The Articles of Organization for this Limited Liabi	ility Company v	were filed on	04/	26/2	2016	and as:	signed	
This amendment is submitted to amend the following	ing:							
A. If amending name, enter the new name of the	3915+10	CS L	LC	tion "LLC"	or the abbrevia	ation "L	.L.C."	
Enter new principal offices address, if applicabl	le:							_
(Principal office address MUST BE A STREET A	<u>(1DDRESS)</u>							-
Enter new mailing address, if applicable:								
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>					17		-
					ўдаг. Населен — — —	-47. -250 	, <u></u>	-
B. If amending the registered agent and/or			on our	records,	enter-the		of the r	<u>1ew</u>
registered agent and/or the new registered office	<u>e address here</u>	:			PLOR	産の	A Property	
Name of New Registered Agent:					<u> </u>	132		-
New Registered Office Address:								-
		Enter	Florida str	eet address				
-		G:4		, Flor				
		Citv			Zi	n 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			Change
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effective date is liste e: If the date inse	d, the date must be s	specific and c	annot be prior			0 days after fil	ing.) Pursua	
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Filing Fee: \$25.00