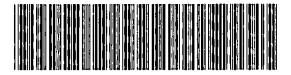
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## **COVER LETTER**

	Registration Se Division of Cor			
our rec	Dropping L	oads LLC		
SUBJEC	T:	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filling.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Mariene l Amatangelo		
			Name of Person	
		Dropping Loads LLC		
			Firm/Company	
		7808 Lake Champlain Cou	ırt	
			Address	
		Delray Beach FL 33446		
			City/State and Zip Code	<del>-</del>
		marleneama@live.com		
For furthe	er information c	e-mail address: (	to be used for future annual report all:	nouncation)
Marlene a	Amatangelo		954 324-5738 at ( )	8
	Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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 Addres		Street Address	
	Registration S Division of C		Registration Division of (	Section Corporations
I	P.O. Box 632	27	The Centre of	of Tallahassee
•	Fallahassee, l	FL 32314	2415 N. Moi	nroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dropping Loads LLC	Sin Comment of the second of t	
(Name of the Limited Liab) (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on April 21, 2021	and assigned
Florida document number <u>L21000185182</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	the abbreviation"!h.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
		&
Enter new mailing address, if applicable:		4.5
(Mailing address MAY BE A POST OFFICE BOX)		
Muning unuress in the ATOM OFFICE BONG		
B. If amending the registered agent and/or register	ed office address on our records, enter the	name of the new registere
agent and/or the new registered office address here	:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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

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>	Address	Type of Action
MGR	Marlene I Amatangelo	7808 Lake Champlain Court	□Add
		Delray Beach, FL 33446	■Remove
			Change
<u>AMBR</u>	Marlene I Amatangelo	7808Lake Champlain Court	
		Delray Beach, FL 33446	□Remove
			147 43 93
			□'Add  □ Remove
			∴ □ Change
			□Add
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in effective date is li	other than the date sted, the date must be sp serted in this block do	ecific and cannot	be prior to date	of filing or more	than 90 days aft	er filing.) Purs	uant to 605.02
ote: If the date in: ocument's effectiv	e date on the Departn	nent of State's r	ecords.	itutory ming i	equirements, o	ins date will t	ior de listea
•	delayed effective date	, but not an effe	ective time, at	12:01 a.m. on	the earlier of:	(b) The 90th	h day after t
is filed.	/						
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Filing Fee: \$25.00