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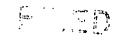
TO:

Registration Section

Division of Co	orporations				
	Brothers LLC				
SUBJECT:	Name of Lim	ited Liability Company	······································		
The analoged Articles	f Amandmant and fac(s) are sub-	mitted for filing			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for thing.			
Please return all corresp	oondence concerning this matter	to the following:			
		Name of Person			
	ZenBusiness INC	Name Of Ferson			
		Firm/Company ite 301			
	336 E. College Ave Suite				
		Address			
	Tallahassee, FL 32301				
	fulfillment@zenbusiness.co	City/State and Zip Code			
		to be used for future annual report not	ification)		
For further information	concerning this matter, please c	all:			
c/o ZenBusiness INC		844 493-6249 at ()			
Name	of Person	Area Code Daytin	ne 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)	Section 5 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addr		Street Address:			
Registration	Section Corporations	Registration Se			
P.O. Box 63	-		Division of Corporations The Centre of Tallahassee		
Tallahassee.		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 JAH 13 AM 7:44 Dean & Brothers 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 $\frac{10/28/2022}{10/28/2022}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Dean & Brothers Shipping and Hauling LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
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