<u>L12000137479</u>

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15 NOV -4 EM ID: 19

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DAD TRANSPORT LLC Name of Umited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Luis G CRUZ Name of Person
DAD TRANSPORT LLC
6928 Super ZIII Place
Address Address Address City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 20, 2016

LUIS GILBERTO CRUZ 6928 SURREY HILL PLACE APOLLO BEACH, FL 33572

SUBJECT: D.A.D. TRANSPORT LLC

Ref. Number: L12000137479

2816 NOV -4 PH 12: 44
SECRETARISEE, FLORID

We have received your document for D.A.D. TRANSPORT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 916A00022586

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Or .
(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 12 31 2013 and assigned Florida document number 12 12 000 137479.
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) Aprilly 13:404, ft 37572
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: Milip J. 1257A
New Registered Office Address: 4726 A. L. Lois AVE Enter Florida street address
TAMPA , Florida 33614 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.

Page 1 of 3

A 10:

MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Type of Action** ☐ Remove ☐ Change HATTHY LECAROUS □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add 📆 _□ Remoke ☐ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

ii anvei	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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Note: docume	trive date, if other than the date of filing:	ot be listed	as th
	90th day after the record is filed.		
Dated _	11/01/2016 X Duly D Car	<u>i</u>	,
	Signature of a member or authorized representative of a member		
	Typed or printed name of signee		
	D 2 22	4 5	113 213
	Page 3 of 3	uo.	7

Filing Fee: \$25.00