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(Address)
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2019 NOV 20 FILED

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## **COVER LETTER**

CLID IL CT		NCIAL SERVICES, LLC		
SUBJECT:		Name of Limi	ted Liability Company	<del>_</del>
The enclosed	d Articles of a	Amendment and fee(s) are subi	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	to the following:	
		LEDY LOUIS		
		141	Name of Person	
		ADVANCED GLOBAL A	CCOUNTING FIRM	
	Firm/Company 3900 WOODLAKE BLVD SUITE 211			
		GREENACRES, FL 33463	Address	
		INFO@ADVANCEDGLOE		
For further is	nformation co	E-mail address: (to oncerning this matter, please ca	o be used for future annual report noti all:	fication)
LEDY LOU	ЛS		561 337-1348 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is:	a check for th	e following amount:		
■ \$25.00 F	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

TO:

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

(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L14000019243</u> .	npany were filed on $\frac{02/04/2014}{2014}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
DDT TRANSPORTATION SERVICES, LLC	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES)	SS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, enter the name of the ss here:
	T Q A
Name of New Registered Agent:	. 2
New Registered Office Address:	Enter Florida street address : G
	Florida
<del></del>	City Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

INDUCTOR CAPITAL CODVICTO 110

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
			□ Remove
			☐ Change
			Add
			Remove
			□ Change
			☐ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			□ Remove
			Change

E. Effective date, if other than the date of filing:		nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:	_	
Effective date, if other than the date of filing:	_	
Effective date, if other than the date of filing:	_	
Effective date, if other than the date of filing:	<del></del>	
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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 // OB/ZOI9  Addition Waddition	_	
Effective date, if other than the date of filing:  (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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 // OB/ZOI9.		
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b) The 90th day after the record is filed.  Dated 1/08/2019.	(lf an effe <u>Note:</u> l	ctive 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 (  f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
Weling Welice		90th day after the record is filed.
Weling Welice	Dated	11/08/2019
$\phi(I_{A}I_{A}I_{A})=0$ , i.e. $I_{A}I_{A}I_{A}I_{A}I_{A}I_{A}I_{A}I_{A}$	W •	Relinio Welvier
Signature of a member or authorized representative of a member		Signature of a member of authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00