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(Req	uestor's Name)	····
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ALLAHASSEE, FIT

022 JUN 29 AM 10: 42

RECEIVED

2022 JUN 29 AM 10: 59 SECRETARY OF STATE

A. BUTLER JUN 29 2022

COVER LETTER

TO:

TO: Registration Sect Division of Corp					
SUBJECT: FIC	bug Dadic	ated Carrier ed Liability Company	s LLC		
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.			
Please return all correspon-	dence concerning this matter t	o the following:			
	Karen 3	Porter Name of Person			
	Firebug	Dedicated C	arriers LLC		
	279 Mar	K UVQ Address			
	Tallahasse	City/State and Zip Code			
	E-mail address: (1	o be used for future annual report noti	fication)		
For further information co	ncerning this matter, please ca	all:			
Karen Pame of	orter Person	at (850) 29 U Area Code Daytim	- 7 7 9 8 ne Telephone Number		
Enclosed is a check for the	e following amount:				
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Address</u> Registration S	ection	Street Address: Registration Sc			
Division of Co	orporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 632° Tallahassee, F			ne Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 29 AM ID: 59

Firebus Dedisa	ted Carri	ers LLC
Name of the Limited Liability (A Florida L.	Company as it now appears imited Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Cor		
Florida document number	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company her	<u>re</u> :
The new name must be distinguishable and contain the words "Limite	d Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our re	ecords, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Fut El	rida street address
	Litter Fun	
	City	, Florida 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
	David C. Roush	279 Mark ave Tallahussee, Fl. 32304	□Add
			KRemove
			□Change
			□Add
			□ Remove
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			🗆 Add
			□Remove
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effective date is listed e: If the date insert	er than the date of the date of the date must be spetted in this block do ate on the Departm	erne and canners es not meet t	ot be prior to date he applicable st	of tilling or more man	(optional) 90 days after filing.) Pursuant rements, this date will not	to 605.0 be listed
ord specifies a del: filed.	ayed effective date.	but not an e	ffective time, at	12:01 a.m. on the	earlier of: (b) The 90th da	y after (
d 10.3	9.3026	§	·			
_Ka	4. 2022 un Pond Karer	are 8f a memb	per or authorized r	epresentative of a me	ember	

Filing Fee: \$25.00