## L16000057124

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## **COVER LETTER**

TO:

	legistration Se Division of Cor			
()		ion BJ Brothers, LLC		
SUBJECT	ı;	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
			Daby Sully	
			Name of Person	
			Transportation BJ Brothers, LL	C
			Firm/Company	
			11651 NE 2ND Avenue	
			Address	
		1	Miami Shores, FL 33161	
		·	City/State and Zip Code	
		Daby.sully@gmail.com		
		E-mail address: (	to be used for future annual report i	notification)
For furthe	t information c	oncerning this matter, please co	all:	
Daby Sully			786 280-1715	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	0 Filing Fec	■ \$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:		Street Address Registration		
Registration Section Division of Corporations			Division of C	
ŀ	P.O. Box 632	2.7		of Tallahassee
,	Fallahassee, I	FL 32314	2415 N. Mor	rroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

TRANSPORTATION BJ BROTHERS, LLC

2022 MAY 18 PM 12: 08

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appear ability Company)	rs o <u>n our recor</u>	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company w	ere filed on	03/21/2016	and assigned
Florida document numberL16000057124			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company h	<u>ere</u> :	
DGD TRANSPORT & LOGISTICS, LLC			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the	designation "LL	.C" or the abbreviation "L.L.C."
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 adagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ldress on our	records, <u>ente</u>	r the name of the new register
New Registered Office Address.	Enter Flo	orida street addr	ess
		. <b>F</b>	·lorida
	City	,	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erform <mark>anc</mark> e o covided for in	f my duties, o Chapter 605	and I am familiar with and ;; F.S. Or, if this document is ;

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□ Change
			🗀 Add
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ective date, if other than the effective date is listed, the date m	ust be specific and cannot	ot be prior to date	of liling or more than	option: 90 days after fili	ng.) Pursua	int to 605.0	20
te: If the date inserted in this cument's effective date on the	olock does not meet t Department of State's	he applicable sta s records.	itutory filing requi	ements, this di	ite will no	ot be listed	ı a:
ecord specifies a delayed effect s filed.	ive date, but not an el	fective time, at	12:01 a.m. on the 6	arlier of: (b)	The 90th	day after (	the
ted May 12	. 20	22					
				-			

Filing Fee: \$25.00