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COVER LETTER

TO:	Registration So. Division of Co.			
CUD		RANSPORT LLC		
SUB	JECT:	Name of Lim	ited Liability Company	
The o	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	se return all correspo	ondence concerning this matter	to the following:	
		Michelle Mays		
			Name of Person	
		Michelle Mays CPA LLC		
		. (782-7-1)	Firm/Company	
		PO Box 158		
			Address	
		Lloyd, Florida 32337		
			City/State and Zip Code	
		mmays@mayscpa.com		
		E-mail address: (to be used for future annual report notif	ication)
For f	urther information o	oncerning this matter, please c	all:	
Mich	nelle Mays		850 997-6297 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Encle	osed is a check for t	he following amount:		
= \$	325.00 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 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

D BRADLEY TRANSPORT LLC		
(Name of the Limited I (A F	Liability Company as it now appears on our : Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabilification for the Limited Liabilification of Comment 11 (1997) 1997 (1997)	lity Company were filed on April 1, 201	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
D BRAD TRANSPORT LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	registered office address on our re	
	Enter Florida street	aaaress
-	City	, Florida = Zip Code
New Registered Agent's Signature, if changing Regi	·	Δip Couc
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	gent and agree to act in this capacity and complete performance of my duti red agent as provided for in Chapter istered office address, I hereby confi	es, and I am familiar with and 605. F.S. Or. if this document is

If Changing Registered Agent, Signature of New Registered Agen

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
			Add
		 	☐ Remove
			☐ Change
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ctive date, if other than the	date of filing: _		CCI	(optional)	\ D
effective date is listed, the date must e: If the date inserted in this blo	ck does not meet	the applicable sta			
iment's effective date on the De	partment of State	's records.			
record specifies a delayed	effective date	hut not an o	ffective time at	12:01 a m	on the earlier
ne 90th day after the reco		, but not an e	nective time, di	. 12.U1 d.III.	on the earlier
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	Signature of a niem	ber or aythorized re	presentative of a men	iber 5	2 <u> </u>
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Michelle Mays					ਹ ਫ਼

Page 3 of 3

Filing Fee: \$25.00