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COVER LETTER

	ration Section n of Corporations				
	DD TRANSPORT LLC				
SUBJECT: Name of Limited Liability Company					
	ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following:				
	NAYKIN NOGUERAS				
	Name of Person				
	EADD TRANPORT LLC				
	Firm/Company				
	9975 SW 164 TER				
	Address				
	MIAMI, FL 33157				
	City/State and Zip Code				
	eaddtransportlic@yahoo.com				
	E-mail address: (to be used for future annual report notification)				
For further infor	mation concerning this matter, please call:				
ENRIQUE CRE	SPO 305 608-5355 at ()				
	Name of Person Area Code Daytime Telephone Number				
Enclosed is a ch	eck for the following amount:				
■ \$25.00 Filin	g Fee \$\Bigcup \$30.00 \text{ Filing Fee & }\Bigcup \$55.00 \text{ Filing Fee & }\Bigcup \$60.00 \text{ Filing Fee,} \\ \text{Certificate of Status} \\ \text{(additional copy is enclosed)} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \end{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

EADD TRANSPORT LLC				9 28
(Name of the Limi	ted Liability Compa (A Florida Limited	nny as it now appear Liability Company)	s on our records.)	P. P.
The Articles of Organization for this Limited L Florida document number L16000212028	iability Company	were filed on $\frac{11}{}$	18/2016	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, <u>enter the new name o</u>	of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the do	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	cable:	9975 SW 164 TI	ER	
· · · · · · · · · · · · · · · · · · ·		MIAMI FL 3315	57	
Enter new mailing address, if applicable:		SAME AS ABO	VE	<u> </u>
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and registered agent and/or the new registered o			our records, enter t	he name of the new
Name of New Registered Agent:	NAYKIN NOC	GUERAS		
New Registered Office Address:	9975 SW 164 7			
		Enter Flori	ida street address	
	MIAMI		, Florida ³³¹	57
		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.

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>	<u>Address</u>	Type of Action
MGRR	NAYKIN NOGUERAS	9975 SW 164 TER,	■ Add
		MIAMI, FL 33157	□ Remove
		······································	☐ Change
AMBR	ENRIQUE CRESPO	17142 SW 137 CT	Add
		MIAMI, FL 33177	□ Remove
			□ Remove
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			Change
			Add
			□ Remove
	•		□ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
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(If an ef Note:	five date, if other than the date of filing:	05.0207 (3)(b) sted as the
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear egoth day after the record is filed.	tier of:
Dated	, AND	
	Signature of a member or authorized representative of a member NAYKIN NOGLIERAS	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00