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INLLAHASSEE, FL

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COVER LETTER

TO:	Registration Sect Division of Corpo		•	
SUBJE	ст: <u>Dync</u>	Trucking, L Namedol Limi	ted Liability Company	
The enc	losed Articles of Ar	mendment and fee(s) are sub-	nitted for filing.	
Please n	eturn all correspond	dence concerning this matter t	o the following:	
		Anthony R (nland+ Name of Person	
		Dynatr	TUKING LLC Firm/Ompany	
		P.O. Box 3101	Address	
		Clearwater	Beach, FL 33767 City/State and Zip Code	<u>-</u>
		Dynatrucking E-mail address:	10 amail com	ation)
For furtl	ner information con	cerning this matter, please ca		
An	Hony Gla	nd† Person	at (702) 813-70 Area Code Daytime T	(O7- Telephone Number
Enclose	d is a check for the	following amount:		
□ \$ 25	.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 Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dyna Trucking, Ll			
	Company as it now appears imited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Con	npany were filed on <u>M</u>	N 82017	and assigned
Florida document number <u>L170001141793</u>		1	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here	<u>a</u> :	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the des	ignation "LLC" or the abl	previation "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 one agent and/or the new registered office address here:	office address on our rec	ords, <u>enter the name</u>	of the new register
Name of New Registered Agent:			
New Registered Office Address:			<u></u>
	Enter Floride	i street address	
	Cin	Florida	Zip Code

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.

TALL AHASSEE, FL

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If Changing Registered Agent, Signature of New Registered Agent

EIFED

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
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fan effective dat <u>Note:</u> If the da	e, if other than t te is listed, the date n ate inserted in this fective date on the	must be specific and block does not r	l cannot be prior (neet the applica			(optional)	Suant to 60:	5,020
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record specifi d is filed.	Tes a delayed effec	tive date, but not	an effective tir	ne, at 12:01 a.i	n, on the earlic	erof:(b) The 90	th day afte	er the
Dated	.{		·	<u> </u>				
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Filing Fee: \$25.00