## 117000234393

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SECRETARY OF STANK

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## **COVER LETTER**

TO:	Registration Sec Division of Corp	porations	,			
	D & V OF I	MIAMI LLC	#			
Name of Limited Liability Company						
There	shoul Aminho of	Amandment and traces are sub-	mitted for filing			
		Amendment and fee(s) are sub	_			
riease	return an correspo	ndence concerning this matter	to the following.			
		EDGARDO RENE DURA	AN			
			Name of Person			
		D & V OF MIAMI LLC				
			Firm/Company			
		111 NORTH ORANGE A	AVE SUITE 800			
			Address			
		ORLANDO, FLORIDA 3	2801			
		5550454470401 00h	City/State and Zip Code	<del></del>		
		E-mail address: (	on to be used for future annual report notion	fication)		
For fur	ther information co	oncerning this matter, please ca	all:			
EDGA	RDO R DURAN		305 510-2126			
-	Name o	f Person	at () Area Code Daytim	e Telephone Number		
Enclos	ed is a check for th	ne following amount:				
		□ \$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)		
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D & V OF MIAMI LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) (Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 11/14/2017	and assigned
Florida document number L17000234393		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
0 & V TRUCKING LLC		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the	ibbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	_ <del>,_,</del>
Principal office address MUST BE A STREET ADDRESS)		
	N/A	
Enter new mailing address, if applicable:	IN/A	<del> </del>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	office address on our records enter	the name of the a
egistered agent and/or the new registered office address he		Fig t
Name of New Registered Agent:		
New Registered Office Address:		26 M
	Enter Florida street address	= 5 E
	, Florida _	505
	City	CZiji Coden

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
AMBR	ROSA I DURAN	1840 NE 36TH AVE	
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EDGARDO RENE DURAN								į
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Filing Fee: \$25.00