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Special Instructions to Filing Officer:				
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Amend

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OTD Tansport LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kelvin JHOPKINS Tr
OTD Transport LLC Firm/Company
203 Pine Circle
Sreenerces FC 33463 City/State and Zip Code Own the dream 2014 R com and (Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kelvin J Hopkins Jr at (56) 567 - 5241 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee, Certificate of Status \$ Certified Copy (additional copy is enclosed) \$ 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

Name of New Registered Agent: New Registered Office Address: Enter Fo	lorida street address
New Registered Office Address:	
Name of New Registered Agent:	
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new registered
(Mailing address MAY BE A POST OFFICE BOX)	= = = = = = = = = = = = = = = = = = = =
Enter new mailing address, if applicable:	2020 F
(Principal office address MUST BE A STREET ADDRESS)	
Enter new principal offices address, if applicable:	
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
This amendment is submitted to amend the following:	
Florida document number <u>L17000243330</u>	
The Articles of Organization for this Limited Liability Company were filed on	11/28/217 and assigned
(A Florida Limited Liability Company)
Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)

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
MGR	SHANAG DAYOS	1024 CAROLINA AUG	⊋Add
		FT LALDCHOALC FL, 330 h	Remove
			Change
			🗆 Add
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			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated 02-06-2020 Signature of a member or authorized representative of a member