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(Rec	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer.	····]

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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: D&	P Trucking Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Daliana	Pino Name of Person	
	D&P Truck	Sing LLC Jirm/Company	
	13436 Tho	notosassa R	D
	Dover, Flor daliph 97	City/State and Zip Code Ogmail.com To be used for future annual report noti	(fication)
For further information co	oncerning this matter, please ca	•	nearony
Daliana	Person	at (727) 320 Area Code Daytim	- 2716 e Telephone Number
Enclosed is a check for th	e 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 S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&P Trucking L (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $05/04/2018$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile SKYRV LLC The new name must be distinguishable and contain the words "Limited Liabile	ity Company," the designation "LLC" or the abbrev@@on "L.I.c."
Enter new principal offices address, if applicable:	NA 6
(Principal office address MUST BE A STREET ADDRESS)	ω
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 27
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: N/A	
New Registered Office Address: N/A	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	· · · · · · · · · · · · · · · · · · ·
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and

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>	Name	Address	Type of Action
MGR	Pedro Luis Figueredo	13436 Thonotosassa AD Dover Fl.	X Add
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date e: If the date inserted in this block does not meet the applicable staument's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant stutory filing requirements, this date will not be	to 605.026 be listed a
cord specifies a delayed effective date, but not an effective time, at sfiled.	12:01 a.m. on the earlier of: (b) The 90th da	y after th
cd 07 - 27 .2023		
Stoke	presentative of a member	

Filing Fee: \$25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: D&P Tracking LL. 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:
Daliana Pino Name of Person
D&P Trucking LLC Jim/Company
13436 Thonotosassa RD
Dover, Florida 33527 City/State and Zip Code
E-hail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daliana Pino at (727) 320 - 2716 Name of Person at (727) Area Code Daytime Telephone Number
Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & ■ \$60.00 Filing Fee.
□ \$25.00 Filing Fee □ \$30.00 Filing Fee &

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