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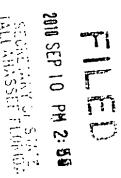
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COVER LETTER

TO:		stration Secti sion of Corpo		·			
SUBJE		Dash Expres	s Trucking LLC	•			
SUBJEA	C 1 :		Name of Limi	ited Liability Company			
			nendment and fee(s) are subm	-			
Please re	etum	all correspond	ence concerning this matter t	to the following:			
			Samuel Abad				
				Name of Person			
			Dash Express Trucking L	LLC			
			922 NE 15th TER	Firm/Company			
			<u> </u>	Address			
			Cape Coral, FL, 33909	, , , , , , , , , , , , , , , , , , , ,		2010	
			dashexpresstrucking@gm	City/State and Zip Code nail.com		SEP I	7
			E-mail address; (t	to be used for future annual report notificat	ion)		i Patr
For furth	ner in	formation con	cerning this matter, please ca	dl:		P# 2: Sin ():	T and the
Samue	I Aba	d		305 879-6247		무기 (# 프라 (#)	***»
		Name of P	erson		elephone Number		
Enclosed	d is a	check for the	following amount:				
■ \$25.	.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fec & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

Dash Express Trucking LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L18000066167</u>	any were filed on March 13, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		***
(Principal office address MUST BE A STREET ADDRESS)		ラッ 23
		Si S T
		P 10
Enter new mailing address, if applicable:		क्ष्म्यत् _र क्षम्यत्
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
D. M. C. C. M. C. M. C.		the state of the s
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
Trew Registered Office Plantess.	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent and a		
provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a		
being filed to merely reflect a change in the registered offi		

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
MGR	Samuel Abad	922 NE 15th TER Cape Coral, FL, 33909	
		rt, 55505	Add
			□ Remove
MGR	Pedro Abad	922 NE 15th TER Cape Coral, FL, 33909	■ Add
			
			Remove
			Change
			□ Add
			PAGOVE
			Sign Change
			O Ade C
			☐ Remove
			Change
			Add
		.	☐ Remove
			☐ Change
			Add
			□ Remove
			□ Change

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	<u>Sr.</u> □
	TOTAL
	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.01 cable statutory filing requirements, this date will not be listed s.
record specifies a delayed effective date, but n The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier
September 6th 2018	
Signature of a member or aut	horized representative of a member
Samuel Abac Typed or prin	

Page 3 of 3

Filing Fee: \$25.00