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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJEC	*****	ight Transport Services, LLC	. •			
00 0017		Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Andrew K. Light				
			Name of Person			
		Scopelitis, Garvin, Light,	Hanson & Feary			
			Firm/Company			
		10 W Market Street, Suite 1400				
		Address				
		Indianapolis, IN 46204				
			City/State and Zip Code			
		E-mail address: (to be used for future annual report notif	fication)		
For furth	er information c	oncerning this matter, please c	all:			
Selga I.	lrbe		317 637-1777 at ()			
	Name o	f Person	Area Code Daytime	e Telephone Number		
Enclosed	l is a check for th	ne 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 Addres	·-	Street Address			

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

TO:

Tallahassee, FL 32314

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 the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company value of Organization for this Organization for this Limited Liability Company value of Organization for this	vere filed on 3/15/2018	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabil	ity company here:	
Drive Services, LLC		
he new name must be distinguishable and contain the words "Limited Liabilit		
nter new principal offices address, if applicable:	751 Oak 5t Suire 550 Jacksonville FL	
Principal office address MUST BE A STREET ADDRESS)	Suire 550	
	Jacksonville FL	32204
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office ac	idress on our records, enter the na	me of the new regis
gent and/or the new registered office address here:		
		~)
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	[]
	Florida	<u> </u>
	City	Zip Code
ew 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u> </u>		
MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			TChange
			TRemove
			Change
			Remove
			TChange
			Add
			Remove
			Change
			Remove
			TChange
			Remove
			Thange

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(If an eff) Note:	ve date, if other than the date of filing:
ne record ord is fil	I 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 ed.
Dated _.	14 April 2021
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00