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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Registration<br>Division of C |  |   |   |
|-----------------------------------|--|---|---|
|                                   | RANSPORT LLC   |   |   |
| SUBJECT:                          | Name of Lim  | ited Liability Company  |   |
|                                   |  |   |   |
| The enclosed Articles             | of Amendment and fee(s) are sub  | mitted for filing.  |   |
| Please return all corres          | pondence concerning this matter  | to the following:   |   |
|                                   | LEANDRO S BARBOSA  | SR  |   |
|                                   |  | Name of Person  |   |
|                                   | DROS TRANSPORT LLO   |   |   |
|                                   |  | Firm/Company  |   |
|                                   | 30106 HWY 27   |   |   |
|                                   |  | Address   |   |
|                                   | HAINES CITY, FL 33844  |   |   |
|                                   |  | City/State and Zip Code   |   |
|                                   | DROSTRANSPORTLLC@  |   |   |
| For further information           | n-mail address: (<br>n concerning this matter, please c                          | to be used for future annual report no<br>all:  | (incation)  |
| LEANDRO S BARBO                   |  | 508 2829450   |   |
| Nam                               | e of Person  | Area Code Daytic  | me Telephone Number   |
| Enclosed is a check fo            | r the 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 |
| Regi<br>Divi<br>P.O.              | ILING ADDRESS: Istration Section sion of Corporations Box 6327 ahassee, FL 32314 | STREET/COUR<br>Registration Sect<br>Division of Corp<br>Clifton Building<br>2661 Executive C<br>Tallahassee, FL 3 | orations<br>Center Circle   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DROS TRANSPORT LLC   |   |                                  |
|--|---|----------------------------------|
| ( <u>Name of the Limited Liability</u><br>(A Florida   | y Company as it now appears on our record<br>Limited Liability Company) | <u>s.</u> )                      |
| The Articles of Organization for this Limited Liability Co. Florida document number L18000128600         | ompany were filed on MAY 23, 2018                                       | and assigned                     |
| This amendment is submitted to amend the following:  |   |                                  |
| A. If amending name, enter the new name of the limi  | ted liability company here:   |                                  |
| The new name must be distinguishable and contain the words "Limi   | ted Liability Company," the designation "LLC                            | " or the abbreviation "L.L.C." . |
| Enter new principal offices address, if applicable:  | <del></del>   |                                  |
| (Principal office address MUST BE A STREET ADDR  | ESS)  | 71 8 JE 6                        |
|  |   | 7 7 7                            |
| Enter new mailing address, if applicable:  |   | R PH                             |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |                                  |
|  |   | 6                                |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office addr |   | s, enter the name of the nev     |
| Name of New Registered Agent:  |   |                                  |
| New Registered Office Address:   |   |                                  |
|  | Enter Florida street addres   | S                                |
|  |   | orida                            |
|  | City  | Zip Code                         |

## 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>           | <u>Address</u>       | Type of Action |
|----------------------|-----------------------|----------------------|----------------|
| MGRM                 | LEANDRO S BARBOSA SR  | 53 S PHILLIPS ST     |                |
|                      |                       | LAKE WALES, FL 33853 | □ Remove       |
|                      |                       |                      | Change         |
| AMBR MELANIE MCHENRY | MELANIE MCHENRY       | 30106 HWY 27         |                |
|                      | HAINES CITY, FL 33844 | □ Remove             |                |
|                      |                       |                      | Change         |
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| he record specifies a delayed o<br>The 90th day after the recor   |                         | t not an effecti     | ve time, at 12:01 a.                                      | m. on the earlie                                     | r of:              |
| Dated MAY 25,   | 2018                    | · · ·                |   |  |                    |
| Seada   |                         |                      |   |  |                    |
|   | anature of a member or  | authorized represent | ative of a member   |  |                    |
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Filing Fee: \$25.00