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COVER LETTER

	gistration Sect vision of Corp						
CITE INTE		AWN TRANSPORATION	rrc				
SOBJECT.		Name of Limi	ited Liability Company				
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please return	all correspond	dence concerning this matter	to the following:				
		BALADE L. ROSEMBER	RT SR.				
Name of Person							
DUSK TIL DAWN TRANSPORATION, LLC							
Firm/Company							
		9501 NORMANDY BLVD. BLDG. #2 Address					
			Address				
		JACKSONVILLE, FL 32	221				
			City/State and Zip Code				
		BROSEMBERT@GMAIL.					
		E-mail address: (t	o be used for future annual report notific	cation)			
For further in	nformation con	cerning this matter, please ca	ill:				
BALADE L.	ROSEMBER	RT, SR.	904 504-2553				
	Name of P	erson	at ()	Telephone Number			
Enclosed is a	check for the	following amount:					
■ \$25.00 F	iling 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 (sudditional copy is enclosed)			

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 Tallahussee, FL 32301

18 AUG -9 PH 3:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUSK TIL DAWN TRANSPORATION, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 5/30/18, effective 5/25/18 Florida document number ____L18000134284 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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>	Name	Address	Type of Action
AMBR	BALADE L. ROSEMBERT, SR.	9501 NORMANDY BLVD.,	■ Add
	-	BLDG. #2	□ Remove
		JACKSONVILLE, FL 32221	☐ Change
			D Add
			□ Remove
			Change
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			Remove
			☐ Change
			Add
			☐ Remove
			Change

	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Not	effective date, if other than the date of filing: (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 co. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the inserted date on the Department of State's records.
If the i	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	AUGUST 9 2018
,,,,,,	
	Signature of a member or authorized representative of a member
	BALADE L. ROSEMBERT, SR.
	Typed or printed name of signee

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Filing Fee: \$25.00