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3. PRATHER

COVER LETTER

Div	ision of Cor	porations		
	Coast 2 Coa	ast Dispatch Services LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	f Articles of .	Amendment and fee(s) are subt	nitted for filing.	
Please return	all correspo	ndence concerning this matter (to the following:	
		Ana Suriel		
			Name of Person	
		Coast 2 Coast Trucking Re	sources LLC	
Firm/Company				
		7975 Diamond C Circ		
Address				
		Saint Cloud, FL 34771		
			City/State and Zip Code	
		operations@c2cdisp.com		
		E-mail address: (t	to be used for future annual repor	t notification)
For further i	nformation c	oncerning this matter, please ca	ill:	
Ana Suriel			407 750-320 at ()	62
	Name o	f Person	Area Code D	aytime Telephone Number
Enclosed is	a check for the	ne following amount:		
□ \$25.00		■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iiling Addres		Street Addre Registration	
	~	Corporations	Division of	Corporations
D.O. Box 6327		The Centre	of Tallahassee	

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coast 2 Coast Dispatch Services LLC		٠ ن	1 =
(Name of the Limited (A	Liability Company as it now appears on or Florida Limited Liability Company)	ur records.) (7).	
The Articles of Organization for this Limited Liab	ility Company were filed on $\frac{08/27/20}{}$	18 and assign	ned
Florida document number L18000205301	·	መስ ንን	17
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ne limited liability company here:		
Coast 2 Coast Trucking Resources LLC			
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C	C."
Enter new principal offices address, if applicab	le:		
Principal office address MUST BE A STREET.			
Trincipal Office and Carlotte 1200 1200 1100 1100 1100 1100 1100 110			
			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	9X)		
			
B. If amending the registered agent and/or reg agent and/or the new registered office address I		s, enter the name of the new i	registered
Name of New Registered Agent:			
New Registered Office Address:			
TO THE STATE OF TH	Enter Florida str	vet address	
		. Florida	
	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 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>	Address	Type of Action
\$			
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	•	•	_
			□Change
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			□Change

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Filing Fee: \$25.00