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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations				
	Bayer Transportation Services					
SUBJECT:		Name of Limi	ted Liability Company			
The enclosed	Articles of	Amendment and fee(s) are subi	nitted for filing.			
Please return	all correspo	ndence concerning this matter t	to the following:			
		Ugent Dailey				
			Name of Person			
		Bayer Transportation Servi	ces			
			Firm/Company			
10723 Navigation Dr Address Riverview, FL 33579						
	Address					
		Riverview, FL 33579				
		dahdrian.dailey@gmail.com	City/State and Zip Code			
		E-mail address: ()	to be used for future annual report not	itication)		
For further i	nformation c	oncerning this matter, please ca	all:			
Dahdrian O	lawore		at () 371-6174 Area Code Daytin			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is	a check for t	ne following amount:				
\$25,00 1	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)		
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on orations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bayer Transportation Services LLC		
(Name of the Limi	ted Liability Company as it now appear (A Florida Limited Liability Company)	irs on our records.)
he Articles of Organization for this Limited L	iability Company were filed on 9.	20/2018 and assigned
orida document number 1.18000224386	_ ·	
nis amendment is submitted to amend the following	owing:	
If amending name, enter the new name of	of the limited liability company h	nere:
ne new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "L.L.C" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREE	ET ADDRESS)	
		
nter new mailing address, if applicable:		29
Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and	/or registered office address o	on our records, enter the name of the
egistered agent and/or the new registered of	office address here:	
Name of New Registered Agent:	Dahdrian Olawore	
	10723 Navigation Dr	
New Registered Office Address:		orida street address
	Riverview	, Florida ³³⁵⁷⁹
	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.

f 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
AMBR	Ugent Dailey	10723 Navigation DR, Riverview FL 33579	Add
			Remove
			Change
MGR	Ugent Dailey JR	10723 Navigation Dr, Riverview FL 33579	
			Remove
			☐ Change
			Add
			☐ Change
			20
			□ Remove
			Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
			Change

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f an effo Note:	we date, if other than the date of filing: 9 9 10 (option retive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill the date inserted in this block does not meet the applicable statutory filing requirements, this dent's effective date on the Department of State's records.	ing.) Pursuant to 605.0201
ie rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.r 90th day after the record is filed.	n. on the earlier o
Dated _.	September 26. 2018. Signature of a member or authorized representative of a member	
	Signature of a memoer of authorized representative of a memoer	

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Filing Fee: \$25.00