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COVER LETTER

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CUDIECT		CARRIER		
SUBJECT	· :	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	arn all correspo	ondence concerning this matter	to the following:	
		DIANA DURANONES R	EY	
			Name of Person	
		D&G CAR CARRIER		
			Firm/Company	
		3414 BLOWING OAK ST	Γ	
			Address	
		VALRICO, FL 33596		
			City/State and Zip Code	
		DGCARCARRIER@GMA		
For further	information c	e-mail address: (to be used for future annual report not all:	ification)
DIANA D	URANONES	REY	305 987-0772	
	Name o	f Person		ne Telephone Number
Enclosed 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)
	ailing Addres egistration S		Street Address: Registration Se	ection
D	ivision of C	orporations	Division of Co	rporations
	O. Box 632 allahassee, I	•	The Centre of 7	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&G CAR CARRIER LLC		
(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on our records.) ited Liability Company)	}
e Articles of Organization for this Limited Liability Comp	pany were filed on 12/17/2018	and assigned
orida document number L18000287963		-
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
&G ROAD KING LLC		
e new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
· · · · · · · · · · · · · · · · · · ·		
rincipal office address MUST BE A STREET ADDRES.	<u> </u>	
nter new mailing address, if applicable:		r-2
failing address MAY BE A POST OFFICE BOX)		
	·	
If amending the registered agent and/or registered of	fice address on our records, enter th	an name of the new regic
ent and/or the new registered office address here:	enter the	= Tame of the new regis
		-
Name of New Registered Agent:		1
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
 -	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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			□Change
			Add
			□Remove
			□Change
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If an effe <u>Note:</u>	ve date, if other than the date ective date is listed, the date must be sp. If the date inserted in this block dent's effective date on the Department's	pecific and cannot be pri-	icable statutory filing	(options fore than 90 days after fill grequirements, this day	ing) Pursuant to 605 0207
e recore	d specifies a delayed effective date ed.	, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
Dated _	July 6	, 2021	 -		
	Signa	ture of a member or aut.	horized representative	of a member	
	•	77			