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COVER LETTER

	gistration Se dision of Cor	porations	•	•		
un il ct.		TRANSPORTATION LLC				
JUBJECT		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please returi	n all correspo	ndence concerning this matter	to the following:			
		JORGE L DANTIN				
			Name of Person	· · · · · · · · · · · · · · · · · · ·		
		D&J KID'S TRANSPORT	ATION LLC			
			Firm/Company			
		26400 SW 146 CT # 308				
			Address			
		HOMESTEAD, FL 33032				
			City/State and Zip Code			
		MORALES.DUNIA@YAH				
		E-mail address: (i	to be used for future annual repor	rt notification)		
For further i	nformation c	oncerning this matter, please ca	all:			
JORGE L DANTIN		786 230-44	83			
	Name o	í Person	Area Code D	aytime Telephone Number		
Enclosed is	a check for th	ne following amount:				
■ \$25.00 k	Filing Fee	S30.00 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)		
	ailing Addres		Street Addre			
	~	Section Torporations	Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&J KID'S TRANSPORTATION LLC		22
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our re imited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Cor Florida document number 1.19000112828	mpany were filed on	and assigned
This amendment is submitted to amend the following:		w w
A. If amending name, enter the new name of the limite	ed liability company here:	9
NEW DIMENTION TRANSPORT LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ddress
		, 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.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

<u> [itle</u>	Name	Address	Type of Action
			□Add
			□Remove
			[] Change
			☐Add
			□Remove
			☐Change
			□Add
			□Remove
			☐Change
			□Add
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ffective date, if other than the fan effective date is listed, the date mustore: If the date inserted in this blocument's effective date on the D	st be specific and lock does not m	cannot be prior to eet the applica			filing.) Pursuant to 605.0.	
record specifies a delayed effectiv Lis filed.	e date, but not :	an effective tin	ne, at 12:01 a.m.	on the earlier of: (b) The 90th day after t	he
OCTOBER	·	2020	<u> </u>			
	111					
\/	16					
X	Signature of a n	nember or author	ized representative	e of a member		

Filing Fee: \$25.00