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COVER LETTER

TO:

Registration Section

Division of Corporations

SUBJECT: DOROAD TRANSPORTATION, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Corporate Maintenance Let	Corporate Maintenance Lead		
Name of Person			
Processing Department			
Firm/Company			
1450 Vassar St			
Address			
Reno, NV 89502			
City/State and Zip Code			
E-mail address: (to be used for future unnual report noti	ication)		
For further information concerning this matter, please call:			
Processing Departmentat (800) 638-2320			

Enclosed is a check for the following amount:

Name of Person

☑ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed)

Area Code

Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Daytine Telephone Number

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOROAD TRANSF	ORTATION. I	Lc 漢言于
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears	الله الارتجاب المالية (كالمالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالي
The Articles of Organization for this Limited Liability Company villorida document number L19000232099		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company her	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the des	gnation "LLC" 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 off registered agent and/or the new registered office address here		our records, enter the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enier Florid	a street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of n rovided for in Cl	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name or removed from our records:		I to manage, <u>enter the title, name and addr</u>	and address of each person heing added	
MGR = N				
<u>Title</u>	Name	<u>Address</u>	Type of Action	
MGR	Kerron Lawrence	17184 Gathering Place Cir		
		Clermont, FL 34711	P Remove	
			☐ Change	
MGR	Lillian Lang	17184 Gathering Place Cir	Ø Add	
		Clermont, FL 34711	Remove	
			Change	
			Add	
			Remove	
			☐ Change	
			Remove	
			Change	
			Remove	
			Change	
			☐ Add	
			Remove	
			☐ Change	
		Page 2 of 3		

D. If amer	nding any other information, enter change(s) here: (Attach additiona	sheets, if necessary.)
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	ve date, if other than the date of filing: N/A crive date is listed, the date must be specific and cannot be prior to date of filing or more	han 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: docume	if the date inserted in this block does not meet the applicable statutory filing reint's effective date on the Department of State's records.	Cuirements, this date will not be listed as the
	ord specifies a delayed effective date, but not an effective tim	e, at 12:01 a.m. on the earlier of:
(u) The	90th day after the record is filed.	
Dated_	January 13th 2022	
	Signature of a member or authorized representative of	member
	Lillian La ng	
	Typed or printed name of signee	
	Dags 2 of 3	
	Page 3 of 3	

Filing Fee: \$25.00