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SECRETARY OF STATE

COVER LETTER

Division of Cor	rporations		
_{UBJECT:} DL Tran	sport LLC		
	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Mickelson Lindor	Name of Limited Liability Company Indiment and fee(s) are submitted for filing. Indice concerning this matter to the following: Mickelson Lindor Name of Person DL Transport LLC Firm/Company S475 Golden Gate Pkwy, Suite 2 Address Naples, FL 34116 City/State and Zip Code Idlindor@gmail.com E-mail address: (to be used for future annual report notification) Ining this matter, please call: at (239) 398-6514 Area Code Daytime Telephone Number	
		Name of Person	
	DL Transport LLC		
		Firm/Company	
	5475 Golden Gate Pk	wy, Suite 2	
		Address	
	Naples, FL 34116		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	Mdlindor@gmail.com		·····
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or further information c	concerning this matter, please of	all:	
lickelson Lindor		at (239_ ₎ 398-6514	
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helosed is a check for t	-		
\$25.00 Filing Fee	△ \$30.00 Filing Fee & Certificate of Status	-	

MAILING ADDRESS:

Registration Section

:O:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DL Transport LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number L19000232278	were filed on September 13, 201	9 and assigned
his amendment is submitted to amend the following:	t is submitted to amend the following: g name, enter the new name of the limited liability company here: It be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Incipal offices address, if applicable: Suite 2 Naples, FL 34116 Suite 3 Suite 4 Naples, FL 34116 Suite 5 Suite 6 Suite 7 Naples, FL 34116 Suite 7 Naples, FL 34116 Suite 8 Suite 9 Naples, FL 34116 Suite 9 Na	
If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
inter new principal offices address, if applicable:	5475 Golden Gate Pkwy	
Principal office address MUST BE A STREET ADDRESS)	Suite 2	2020 SE
	Naples, FL 34116	ARETAS
nter new mailing address if applicable	5475 Golden Gate Pkwy	
		<u> </u>
num guaress MAT BE AT OST OTTICE BOAY	Naples, FL 34116	FL 34116
Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	ter the name of the new
	, Florida	·
	City	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agre rovisions of all statutes relative to the proper and complete ccept the obligations of my position as registered agent as p eing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of my duties, and Lo provided for in Chapter 605, F.S.	um familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

AGR = Manager AMBR = Authorized Member

<u> itle</u>	<u>Name</u>	Address	Type of Action
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Signature of a member or authorized representative of a member	2/25/2027			
Signature of a member or authorized representative of a member	ed 2/25/2020.			
	(1')			

Page 3 of 3

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