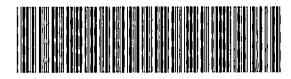
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COVER LETTER

TO:	Registration Se Division of Cor		pt is	ي .	
();	· ·	DRG EXPRESS TRANSPOR	6 This		
SUBJE	.C1:	Name of Lim	ited Liability Company		i O
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	19 OC 20 MAIL. 12	
Please 1	eturn all correspo	ndence concerning this matter	to the following:	پې	(i)
			DENNYS ROJAS		
		DRG EXP	Name of Person RESS TRANSPORTATION LLC		
			Firm/Company		
1550 THETFORD CIRC					
TI .			Address ORLANDO, FL 32824		
			City/State and Zip Code nidtaxpapers@gmail.com		
		cation)			
For furt	her information c	oncerning this matter, please co	iff:		
DENNYS ROJAS		407 715-2865 - at ()	any time		
	Name o	f Person		Telephone Number	
Enclose	ed is a check for th	ne following amount:			
≘ \$25	i,00 Filing Fee	S30.00 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)	
		ING ADDRESS: ration Section	STREET/COURING Registration Section		

Division of Corporations

Tallahassee, Fl. 32314

P.O. Box 6327

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			117
	RANSPORTATION LLC		9 6
(Name of the Limited Liabili (A Florida	ty Company as it now appear a Limited Liability Company)	's on our records.)	
(***)			19 Of 19
The Articles of Organization for this Limited Liability C	Company were filed on	10/03/2019	and assign
Florida document numberL19000249921			
This amendment is submitted to amend the following:			Æ
A. If amending name, enter the new name of the lim	ited liability company ho	ere:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the d	esignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
	·		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u>-</u>		
maning undress MAT DE ATOST OFFICE DOLY			
	-		
B. If amending the registered agent and/or regis	stered office address on	our records, enter	the name of the new
registered agent and/or the new registered office add			
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			
	Enter Flo	ida street address	
		, 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.

If 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>	Address	Type of Action
MGR	DENNYS ROJAS		
			☐ Remove
		1550 THETFORD CIRCLE ORLANDO, FL 32824	
			Add
			□ Remove
			Add
			☐ Remove
			Change
			Remove
			Change
			
			☐ Remove
			Change
			Remove
			Change

I would like t	o change DENN	YS ROJAS title	e from AP- At	itorized Person	to MGR - Man	ager.	
					<u>-</u>		
							
							
				- 111			
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reffective date is f te: If the date in	other than the disted, the date must iscreted in this blore date on the De	be specific and c ck does not me	annot he prior to eet the applical			s after filing.) Pu	
he 90th day	ies a delayed after the reco	ord is filed.	,	an effective	time, at 12	:01 a.m. on	the earlier of
ed 00	tober 2.	2,2019/	1	<u> </u>			
			- 1 0/1/1/1. 1				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00