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JAN 0 8 2020 S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

DOOKIE XPRESS TRANSPORTATION LIMITED LIABILITY COMPANY SUBJECT: 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: LOVETTE DOBSON Name of Person INCFILE.COM LLC Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSON Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee **■** \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOOKIE XPRESS TRANSPORTATIO	N LIMITED LIARILITY COMPANY	
(Name of the Limited Liability Compan- (A Florida Limited Lia		
(11 Torrida Difference Diff	uomity company	- 53
The Articles of Organization for this Limited Liability Company w	vere filed on 10/08/2019	and assigned
Florida document number L19000253507		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or th	e 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 office adagent and/or the new registered office address here:	ldress on our records, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	

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.

City

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>	<u>Address</u>	Type of Action
AMBR	CINTIA MARCOLINO	1563 SW 4TH ST APT 3	□Add
		MIAMI, FL 33135	≘ Remove
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Effective date, if other than the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to da c does not meet the applicable	te of tiling or more than t	90 days after filing.) Pursuan	it to 605.020 be listed a
ne record specifies a delayed e The 90th day after the record		effective time, a	t 12:01 a.m. on the	earlier d
Dated NOVEMBER 13	2019			
Devonthy	gnature of a member or authorize	I representative of a mer	nber	_
DERON THOMPKINS - A	AMBR			
	Typed or printed na	me of signee		

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