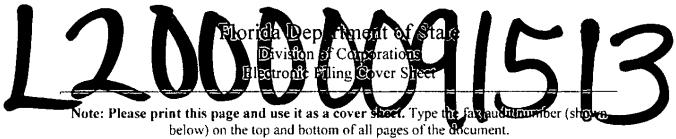
Page: 2 of 6

2021-04-16 13:31:10 PDT

LegalZoom.com, Inc.

From: Sylvia Pauli

Division of Corporations



(((H210001533683)))



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COVER LETTER

	gistration Sect vision of Corp			
CUDICT		NSPORTS LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	ed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspon	dence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		· .
			Firm/Company	
		101 N Brand Blvd 11th Fl		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
			Address	ne.
		Glendale, CA 91203		
			City/State and Zip Code	Din.
		dahltransportation@gmail.	com	
		E-mail address: (to be used for future annual repor	t notification)
For further	information co	ncerning this matter, please co	alf:	
Cheyenne I	Moseley		800 773-088	38
	Name of I	Person	Area Code Da	ytime Telephone Number
Enclosed is	a check for the	following amount:		
□ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (udditional copy is enclosed)

MAILING ADDRESS: 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

To: 18506176380

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAHL TRANSPORTS LLC		
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com	pany were filed on 03/27/2020	and assigned
Florida document number L20000091513		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
		2021
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRES	(22)	ာ တ
		70 m
		- v. <u>0</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	······································	
B. If amending the registered agent and/or register registered agent and/or the new registered office address		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	

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

Page: 5 of 6

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SALINA HARRIS	7404 OVERLAND PARK BLVD.	Add
		JACKSONVILLE, FL 32244	■ Remove
			☐ Change
			Add
			Remove 20
			Change 5
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(If an eff Note:	fective date, if other than the date of filing: [cective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	207 (3)(b) as the
(f the red (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated	Apail 11 . 2021.	
	1/60	
	Signature of a member or authorized representative of a member	
	Lynetia Perkins	
	Typed or printed name of signee	

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Filing Fee: \$25.00