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C/ 10/2/2022

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Dragon Freight Solution UC 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:	
Fotimahon Mamadaclieva Name of Person	
Dragon Freight Solution LC Firm/Company	
5728 Major Blud, Ste 165	
Orlando, FL 32819 City/State and Zip Code	
beburjon @ me. com Email address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Fotimation Manadalleva at (909) 815-0557  Name of Person at (909) Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certificate of Status ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing Address:  Deviation Continue  Deviation Continue  Street Address:	

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

TO:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DRAGON FRE	EIGHT SOLUTION LLC	2022 JUN -9 AM 11: 16
(Name of the Limited Liabil	ity Company as it now appears on our re- a Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{06/18/2020}{}$	and assigned
Florida document number 1.20000169719	_ <del>_</del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
PARTNER TRUCKERS LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI		
Trincipal office matess 51031 BE A STREET ADDI	(E33)	<del> </del>
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	l office address on our records, <u>en</u>	ter the name of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	lress
		Classida.
	City	Florida 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 amonding Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being adde or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other the if an effective date is listed, the inserted in document's effective date or	fate must be specific an this block does not i	d cannot be prior to date meet the applicable st	of filing or more than 90 day atutory filing requiremen	(optional) ys after filing.) Pursuant to 605.0 ts, this date will not be listed	0207 (3) d as the
e record specifies a delayed ord is filed.	effective date, but no	t an effective time, at	12:01 a.m. on the earlier	of: (b) The 90th day after t	the
Dated		2022			
		·			
		133	<del> </del>		
	Signature of a	member or authorized r	epresentative of a member		

Typed or printed name of signee