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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Don & Shawn Trucking Company LLC 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:
Platinum Mutti-Service LLC Name of Person
Carol Edmond Firm/Company
1021 Ives Dairy 2d 3-115
Miami, Fl 33179 City/State and Zip Code
info@platinummultiservice.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carol Edmond at (561) Udolo - 8019 Name of Person Area Code Daytime Telephone Number
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 (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liai (A Flo	UCKING Consider Associated Limited Liability	it now appears by or iy Company)	ur records.)		
The Articles of Organization for this Limited Liability Florida document number <u>L2000035</u>		filed on 11 11	12020	and ass	igned
This amendment is submitted to amend the following	;;				
A. If amending name, enter the new name of the l	imited liability	company here:			
Da Don Mentals Ll					
The new name must be distinguishable and contain the words "I	Limited Liability Co	mpany," the designat	ion "LLC" or the abbr	reviation "L.	L.C.
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD	DRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	! <u></u>			2122 (((
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ess on our record	s, enter the name	of the nev	v registered
Name of New Registered Agent:				2 20	
New Registered Office Address:	 - -	Enter Florida stre	eet address		
	<u></u>		, 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>	Name	Address	Type of Action
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