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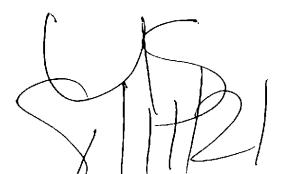
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SECRETARY OF STATE



COVER LETTER

TO: Registra Division	ation Section of Corporations
	DICATED BEYOND SPECIALIST LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Arti	icles of Amendment and fee(s) are submitted for filing.
Please return all c	correspondence concerning this matter to the following:
	LOVETTE DOBSON
	Name of Person
	INCFILE.COM LLC
	Firm/Company & S
	17350 STATE HWY 249 STE 220
	Address \mathcal{L} \mathcal{L}
	Firm/Company SE 722 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
LOVETTE DOBS	888 462-3453 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	ek for the following amount:
≅ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEDICATED DEVOND SPECIALIST LLC

	D BETOND STECIALIST LEC	_
(Name of the Limited Liabil) (A Florida	ty Company as it now appears on our records a Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability C Florida document number L21000007141	Company were filed on 12/29/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
DEDICATED BEYOND TRANSPORT LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	FORE THE
Enter new mailing address, if applicable:		30 PM
Mailing address MAY BE A POST OFFICE BOX)		3: 05 STATE
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	l office address on our records, <u>enter t</u>	the name of the new regi
New Registered Office Address:		
non registered office Address.	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Flo	
	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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Alton Mecloud	1586 Liberty Tree Place	■Add
		Jacksonville, FL 32221	□Remove
			□Change
			□Add
			□Remove
			Change Change Change Change Change Change Change
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			TATE 05 OChange
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot lote: If the date inserted in this block does not meet to ocument's effective date on the Department of State's	ot be prior to da he applicable	ate of filing or mo statutory filing	(o re than 90 days a requirements,	ptional) ifter filing.) this date v	Pursuan will not	t to 605.020 be listed a
record specifies a delayed effective date, but not an ef is filed.	ffective time,	at 12:01 a.m. o	n the earlier of	(b) The	90th da	ay after the
ated June 10 , 202	21 					
Lamesell Rands Signature of a member	er or authorized	1 representative of	f a member	<u>_</u>		
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