h21000078667

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SECRETARY OF STATE

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COVER LETTER

TO: Registration : Division of Co			
	CURE DISPATCH LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	WESLY JOSEPH		
		Name of Person	
		Firm/Company	
	915 NE 178TH ST		
		Address	
	NORTH MIAMI BEACH	FL 33162	
	WESLY1026@ME.COM	City/State and Zip Code	
		to be used for future annual report notific	ation)
For further information	concerning this matter, please c	all:	
WESLY JOSEPH		786 423-3211 at ()	
Name of Person		Area Code Daytime T	Felephone Number
Enclosed is a check for	the following amount:		
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	n Section Corporations 327	Street Address: Registration Section Division of Corporate Centre of Tallahassee, FL 3	orations Ilahassec Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 19 PM 2: 49

BAG SECURE DISPATCH LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE TALLAHASSEE, FL

			יייסטבוני אר		
The Articles of Organization for this Limited L	iability Company were filed on	FEBRUARY 16, 2021	and assigned		
Florida document number L21000078667	·				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liability company	here:			
The new name must be distinguishable and contain the v	words "Limited Liability Company," th	e designation "LLC" or th	e abbreviation "L.L.C."		
Enter new principal offices address, if applic	eable:				
(Principal office address MUST BE A STREE	ET ADDRESS)				
					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				
B. If amending the registered agent and/or in agent and/or the new registered office addre	Q	r records, <u>enter the n</u>	ame of the new register		
Name of New Registered Agent:	FRANZ DOLCE				
New Registered Office Address:	915 NE 178TH ST				
	Enter l	Torida street address			
	NORTH MIAMI BEACH	, 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.

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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FRANZ DOLCE	915 NE 178TH ST NORTH MIAMI BEACH FL 3	31 # Add
			□Remove
			□Change
MGR	WESLY JOSEPH	915 NE 178TH ST NORTH MIAMI BEACH FL 3	31 □Add
			\$ Remove
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cord specif s filed.	ies a delayed effective o	late, but not	an effective	e time, at	12:01 a.m	on the ear	lier of: (b) The 90	th day a	ifter the
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