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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Divis	sion of Cor	porations			
		NE DISPATCH LLC			
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
	·	Joseph Flotkoetter			
			Name of Person		. <u></u>
		Frontline Dispatch LLC			
		<u></u>	Firm/Company		
		1476 King Rail Lane			
			Address		
		Middleburg, FL 32068			
			City/State and Zip Code	<u> </u>	
		joef@frontld.com	•		
		E-mail address: (	to be used for future annual	report notification)	
For further in	formation c	concerning this matter, please ca	all:		
Joseph Flotke	ætter			-6556	
	Name o	of Person	at () Area Code	Daytime Telepho	one Number
Enclosed is a	check for t	he following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres		Street A		
-	gistration vision of C	Section Corporations	_	ation Section n of Corporatio	ons
	Box 632	-		ntre of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION. OF 21 SEP 22 PH 1: 06

FRONTLINE DISPATCH LLC

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

The Articles of Organization for this Limited Liability Comparting Horida document number <u>L21000166994</u> .	ny were filed on 04/12/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter tl</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<u> </u>	, Flor	rida
<del></del>	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 = M $AMBR = M$	lanager authorized Member	and the second s	
<u>Title</u>	<u>Name</u>	Address 21 SEP 22 PH 1: 06	Type of Action
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			□ Reпюче
			□ Change
			□Add
			□Remove
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FLOTKETTER, JOE J should be	changed to the spelling	FLOTKOETTER, JOS	<b>押炒</b> 22 円 1:0	б
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				<del></del>
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ctive date, if other than the dat	e of filing:		(optional)	
effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Depar	specific and cannot be prior does not meet the applic	able statutory filing rec	nan 90 days after filing.) Pu	
ord specifies a delayed effective da filed.	te, but not an effective ti	me, at 12:01 a.m. on th	ne earlier of: (b) The 90	th day after the
ed August 26	1506	<del>-</del>		

Typed or printed name of signee