L21000174563

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SECRETARY OF STATE AND ASSET OF STATE ASSET OF STATE

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COVER LETTER

TO:

Registration Section
Division of Corporations

DETES TRANSPORT SERVICES LLC SUBJECT: 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: **HOLMANNE DETES** Name of Person DETES TRANSPORT SERVICES LLC Firm/Company 1311 WILDWOOD LAKES BLVD UNIT 1 Address NAPLES FLORIDA 34104 City/State and Zip Code detestransport@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HOLMANNE DETES Name of Person 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 Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 AUG 25 PM 4: 12

DETES TRANSPORT SERVICES LLC

SECRETARY OF CTAR

(Name of the Limited Liability Company as it now appears on opakelords) 5000.

| The Articles of Organization for this Limited 1 | Liability Company were filed on | April 15, 2021 and assigned | | | |
|--|--|--|--|--|--|
| Florida document number L21000174563 | · | | | | |
| This amendment is submitted to amend the fol | llowing: | | | | |
| A. If amending name, enter the new name | enter the new name of the limited liability company here: guishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Tices address, if applicable: SMUST BE A STREET ADDRESS) ress, if applicable: BE A POST OFFICE BOX) istered agent and/or registered office address on our records, enter the name of the new registered egistered office address here: | | | | |
| The new name must be distinguishable and contain the | words "Limited Liability Company," th | mited liability company here: .imited Liability Company," the designation "LLC" or the abbreviation "LLC." DRESS) red office address on our records, enter the name of the new registers: | | | |
| Enter new principal offices address, if appli | icable: | | | | |
| Principal office address MUST BE A STRE | ET ADDRESS) | | | | |
| | | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | | | | | |
| Mailing address MAY BE A POST OFFICE | <u> BOX)</u> | | | | |
| | | | | | |
| R If amending the registered agent and/or | remistered office address on our | r records, enter the name of the new register | | | |
| agent and/or the new registered office address | 1.1 | records, enter the name of the new register | | | |
| | | | | | |
| Name of New Registered Agent: | HOLMANNE DETES | | | | |
| New Registered Office Address: | 1311 WILDWOOD LAKES BI | LVD UNIT I | | | |
| | Enter Florida street address | | | | |
| | NAPLES | , Florida 34104 | | | |
| | 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, <u>enter the title, name, and address of each person_being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------|--|----------------|
| MGR | HOLMANNE DETES | 1311 WILDWOOD LAKES BLVD UNIT 1 NAPLES | ; _ 實Add |
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| AMBR | DARLINE JUDE DETES | 1311 WILDWOOD LAKES BLVD UNIT 1 NAPLES | _ ■Add |
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| Effective date, if other than the | date of filing: | | | (opt | tional) | |
| Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b | at be specific and cann | ot be prior to da | te of filing or mor | e than 90 days after | er filing.) Pursuant to | 605.020 listed a |
| document's effective date on the D | | | statutory minig | requirements, a | ns date will not be | ii,sted a |
| | | | | | | |
| record specifies a delayed effective | e date, but not an e | ffective time, | it 12:01 a.m. or | the earlier of: (| (b) The 90th day a | ifter the |
| d is filed. | | | | | | |
| AUGUST 23 | 20 | 21 | | | | |
| Dated | · | · | | | | |
| | | | | | | |
| | Holman | w DE | FC | | | |
| | Ablman i Signature of a memb | w DE) | representative o | f a member | | - |

Filing Fee: \$25.00