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Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
CHD IEZ		ANSPORT LLC		
SUBJEC	1:	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter		
		LIANET HERNANDEZ		
			Name of Person	
		DELII TRANSPORT LLO	·•	
			Firm/Company	<u> </u>
		225 NW 72 AVE APT 20		
		•	Address	
		MIAMLFL,33126		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report n	otification)
For furthe	er information co	oncerning this matter, please co	all:	
LIANET	HERNANDEZ			
Name of Person		at () Area Code Dayt	ime Telephone Number	
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailing Address</u> Registration S		Street Address: Registration S	
Į.	Division of C	orporations	Division of C	orporations
I	P.O. Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELH TRANSPORT LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records Liability Company)	<u></u>)
he Articles of Organization for this Limited Liability Company	were filed on 04-27-2021	and assigned
lorida document number L21000191917		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
HDE TRANSPORT LLC		
e new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	555 NW 152 ND ST	2021
rincipal office address MUST BE A STREET ADDRESS)	MIAMI.FL,33169	
		. 22
		- <u>p</u>
iter new mailing address, if applicable:	555 NW 152 ND ST	
failing address MAY BE A POST OFFICE BOX)	MIAMI,FL,33169	<u>~ 5</u>
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	address on our records, <u>enter (</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	ridaZip Code
	Cúr	гар с оас

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
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, May 19th		2021						
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Filing Fee: \$25.00