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PICK-UP	WAIT MAIL
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(Document	Number)
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10/5/21

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Dive	+ Ex Traggeret
SUBJECT: 1 VY EE	Name of Limited Liability Company
The enclosed Articles of Amendment ar	ad fee(s) are submitted for filing.
Please return all correspondence concer	ning this matter to the following:
	GENEEN BOKA DANIELLE BOKA
Ī	Diract Ex Logistics
	Firm/Company
581	4 Alamosa Circle
- W	Ksaville FL 32258
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information concerning this	matter, please call:
GENEEN D. BE	XA at (803) 526 - 1844
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following a	nount:
	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee,
Certifi	cate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
1.Q. DUX 0547	The Centre of Fundinassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Direct Ex Trans	Sport, LLC
(A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100262448</u>	were filed on Aire of 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	LLC.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	The 43 Gate Parkway Suite 104 - 11/p5 Jacksonville, FL 32256
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32250
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 7643	Cate Parkway Sik 104 - 1165 Enter Florida street address
Socks	City Florida 32254
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	ee to act in this capacity. I further agree to comply with the 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
DR	DANIELLE BOKA	7643 Gata Parkway	
		Super 1165	□Remove
		Jacksonville FL 32271	₽_ X Change
CEO	Yamick Boxa	3500 Posper BLVG. "	D 340
		Davenport, FL 33837	Remove
			□Change
TREAS.	Yamilet Montoya Delgado	7643 Gate Parkway	ŽĮ Add
		54te 104-1165	□Remove
		Jacksonville, FL 3225	- € □Change
			□ Add
			🗆 Remove
			□ Change
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			Change

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		Signature of authorized representative of a member