L21000261126

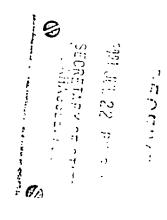
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200369557462

07/23/21--01002--004 **25.001



1 ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: D+C Enterprise Trucking LLC 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:
Jeanie Jantos Name of Person
MTTAXIS and MORLINC
2754 W. atlantic blvd.
POMPANO Weach FL 33009 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
The Name of Person at (154), The Daytime Telephone Number
Enclosed is a check for the following amount: \$\frac{1}{2}\$5.00 Filing Fee

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	By M.
The Articles of Organization for this Limited Liability Company Florida document number L21000247124. This amendment is submitted to amend the following:	were filed on 1919 2021	and assigned
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abb 4530 S. Orange Trail Orlando FL,3293	0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4530 S. Orange Trail # 911 Oriando FL, 328	BIOSSOM
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name	of the new registered
Name of New Registered Agent: New Registered Office Address:		-
	Enter Florida street address	
	, Florida	Zip Code
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 accept the obligations of my position as registered agent as p	performance of my duties, and I am fa	miliar with and

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
			□Add
			□Remove
			□Change
			□Add
		A17-1-2-17-17-23-17-1-1	□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Remove
			Change
***************************************		□Add	
			Remove
			□ Change

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an eff Note:	ve date, if other than the date of filing:
he recor ord is fi	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	(H)
	Signature of a member of authorized representative of a member
	Harian Contreras

Filing Fee: \$25.00