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COVER LETTER

TO: Registration So Division of Cor		•	·	
	nsportation LLC			
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Edward Delgado			
	_	Name of Person		
	E & K Transportation LLC			
		Firm/Company		
	2311 NW 10th Ave Apt. 3	02		
		Address		
	Miami, FL 33127			
		City/State and Zip Code		
	powerupfitnesslife@outloo	k.com to be used for future annual report no	-:(6: -: -: -: -: -: -: -: -: -: -: -: -:	
For further information of	e-mail address: (concerning this matter, please c		omication)	
Edward Delgado		786 702-0518		
Name o	of Person	Area Code Dayti	ime Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:		Street Address:	Section	
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 632			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Tallahassee, FL 32314		2410 IN. MONI	ioe street, suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E & K Transportation 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 Company were filed on $\frac{06/17/2021}{}$ and assigned Florida document number L21000282602 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: E & K Transportation Dispatch LLC The new name must be distinguishable and contain the words "Limited Liability 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida _ Cuv

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
AMBR	Edward Delgado	2311 NW 10TH AVE APT, 302 Miami FL, 33127	🗆 Adđ
			□Remove
			🗏 Change
AMBR Katiria Dominguez	Katiria Dominguez	2311 NW 10TH AVE APT. 302 Miami FL, 33127	= Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			🗆 Remove
			Channe

If amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	<u> </u>
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(If an effec Note: - If	e date, if other than the date of filing:
e record : ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	··
	Signature of a member or authorized/representative of a member
	Edward Delgado

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Filing Fee: \$25.00