121000308545

| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) | (0 |
|--|---|
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Requestor's Name) |
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Address) |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | |
| PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Address) |
| PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (City/State/Zip/Phone #) |
| (Document Number) Certified Copies Certificates of Status | PICK-UP WAIT MAIL |
| (Document Number) Certified Copies Certificates of Status | |
| Certified Copies Certificates of Status | (Business Entity Name) |
| Certified Copies Certificates of Status | |
| Certified Copies Certificates of Status | (Document Number) |
| ······ | |
| ······ | Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: | · |
| Special Instructions to Filing Officer: | |
| , | Special Instructions to Filing Officer: |
| , | |
| | |
| | |
| | |
| | |
| | |
| | • |

Office Use Only



100382910671

 $\mathbb{Q}(z) \stackrel{\text{def}}{\to} \mathbb{Q}(z) = \mathbb{Q}(z) + \mathbb{Q}(z) + \mathbb{Q}(z) + \mathbb{Q}(z) + \mathbb{Q}(z)$

1022 MAR -7 AM 8: 23 SECTETALY DE STATE

A. BUTLER MAR 17 2022

COVER LETTER

TO:

| TO: Registration Sec Division of Corp | | | |
|---|--|---|--|
| SUBJECT: DAR | eal mckoy Trans | sport LLC | , |
| | Name of Limi | ted Liability Company | |
| The enclosed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | PAYM | Name of Person | |
| | DAReal | rekontransport | LLC |
| | 2950 HAr | per street 10 Address | <u></u> |
| | _ wettona | F 32738 City/State and Zip Code | |
| | DAR eal McE E-mail address: 4 | City/State and Zip Code | <u>egenail</u> .com |
| For further information co | oncerning this matter, please ca | | |
| Haymond Name of | Mckoy Person | at (347) 749 ~ Area Code Daytin | 422 9 ne Telephone Number |
| Enclosed is a check for th | e 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 Addres Registration S Division of C | Section | <u>Street Address:</u> Registration Se Division of Co | |
| P.O. Box 632 | 7 | The Centre of | Tallahassee |
| Tallahassee, l | 1L 04014 | 2413 N. MONTO | pe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| DAR en luckoutean es | octile | 2022 HAR -7 | AM 8: 23 |
|---|---|---|--------------------------------------|
| Name of the Limited Liability Company (A Florida Limited Lia | as it now appears on our bility Company) | TALLAHAS | DF STATE SEE, FL |
| The Articles of Organization for this Limited Liability Company w | ere filed on <u>2-28</u> | -2022 | _ and assigned |
| Florida document number <u>L21000308545</u> | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabili | ty company here: | | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation | on "LLC" or the abbr | eviation "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) | | | |
| Maning address MAT BE A POST OFFICE BOX | _ | | |
| B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: | dress on our records | , enter the name | of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida stree | rt address | |
| | | , Florida | Zip Code |
| No. Designated Assets Circulation if should be Designated Assets | City | | гір Сойе |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change. | erformance of my du ovided for in Chapte | ties, and I am fa r 605, F.S. Or, ij | miliar with and Tthis document is |

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 |
|--------------|-------------|-------------------------|---------------------|
| Mer | Roger DAVIS | 9414 Ave K ApT 1 Brookl | N.Y 11231 1_BAdd |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | · | 🗆 Add |
| | | | □Remove |
| | | | □Change |

Page 2 of 3

| - | |
|----------------------|--|
| _ | |
| _ | |
| | |
| | |
| | |
| _ | |
| | |
| | |
| _ | |
| _ | |
| _ | |
| | |
| | |
| | |
| _ | |
| _ | |
| | |
| _ | |
| i effe <u>te:</u> | ve date, if other than the date of filing: |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| ed | 2-282022 |
| - | |
| | Signature of a member or authorized representative of a member |
| | (|
| | KAYMOND MCKOY |

Page 3 of 3