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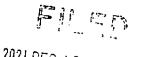
COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DIM TRANSPORTATION 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:
DIDEROT MARCELIN Name of Person
DJM TRANSPORTATION LLC Firm/Company
1385 NE 153 St Address
North Miami Beach IFL City/State and Zip Code
DIMTRANSPORTATION Q Jahoo. COM E-mail address: (to be used for Nature Annual report notification)
For further information concerning this matter, please call:
DIDEROT MARCELIN at (954) 348 1999 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, □ \$60.0

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DJM TRANSPR	TATION LLC	2021 DEC 16 PH 12: 45
(Name of the Limited	Liability Company as it now appears of Florida Limited Liability Company)	in our records:)
The Articles of Organization for this Limited Liab	bility Company were filed on	7 08 2021 and assigned
Florida document number <u>L21000313</u>		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here	::
DJM TRANS PORTATION The new name must be distinguishable and contain the wor	ON LLC rds "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
		ords, enter the name of the new registe
		ords, enter the name of the new registe
gent and/or the new registered office address	here:	
Name of New Registered Agent:	here:	ords, enter the name of the new registe
	here:	

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

Title	<u>Name</u>	Address	Type of Action
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n effective da <u>te:</u> If the c	e, if other tha ate is listed, the da late inserted in t	ite must be spi this block do	ecific and can ses not meet	not be pfior to the applica	od/ate of filin	g or more than	90 days after t	filing.) Pursuan	to 605.020 be listed a
cord speci s filed.	fics a delayed el	ffective date,	, but not an	effective tin	ne, at 12:01	a.m. on the	earlier of: (b)	The 90th da	y after the
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Filing Fee: \$25.00