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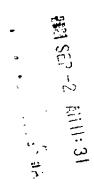
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO: Registration S Division of Co			2
	ANSPORT LLC		
SOBJECT.	Name of Lim	ited Liability Company	 -
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DAYAN GONZALEZ GO	NZALEZ	
		Name of Person	
	DAG TRANSPORT LLC		
		Firm/Company	
	13204 SW 79TH CIR		
		Address	
	OCALA, FL 34473		
		City/State and Zip Code	
	dayangonzalez24@yahoo.c	om to be used for future annual report notific	
For further information	concerning this matter, please ca	·	:ation)
DAYAN GONZALEZ GONZALEZ		352 533-1082 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the 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
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sect	ion

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

DAG TRANSPORT LLC					
(<u>Name of the Lin</u>	ited Liability Comp (A Florida Limited	any as it now appears (Liability Company)	on our records.)		
he Articles of Organization for this Limited	Liability Compan	y were filed on 07/12	2/2021		and assigned
forida document number 1.21000316956					- 0
his amendment is submitted to amend the fo					
. If amending name, enter the new name	of the limited liai	bility company here	<u>}</u> :		
i/A					
ne new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desi	gnation "LLC" or	the abbrev	riation "L.L.C."
nter new principal offices address, if appli	icable:	N/A			
Principal office address MUST BE A STRE	ET ADDRESS)				
		,	•	ď.	143 G
nter new mailing address, if applicable:		N/A		<u>.</u> مر	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				Þ	1
	,			· ·	-70
					=
. If amending the registered agent and/or	registered office	address on our rec	ords, <u>enter the</u>		the new registe
gent and/or the new registered office addr	ess here:			<u>ر</u> چ	Ξ
Name of New Registered Agent:	N/A				-
New Registered Office Address:	N/A				
		Enter Florida	i street address		
	N/A		, Florid	a	
		City	,		Zin Code

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
MGR	DAYAN GONZALEZ GONZALE	13204 SW 79TH CIR OCALA FL 34473	■Add
			□Remove
			Change
AMBR	DAYAN GONZALEZ GONZALE	13204 SW 79TH CIR OCALA FL 34473	= Add
			Remove
			DChange
			\ \ \ \ \
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Effective date, if other than the	date of filing:	(optional)	
Note: If the date inserted in this b document's effective date on the E	st be specific and cannot be prior to date of filing olock does not meet the applicable statutory flepartment of State's records.	if more than 90 days after fulling.) I	rill not be listed as the
the record specifies a delayed effective cord is filed.	re date, but not an effective time, at 12:01 a.	m. on the earlier of: (b) The	90th day after the
Dated	4:14 PM		
	Signature of member or authorized representati	60.20(02:	
	MACHO COCONOR	CON SINCE C	

Filing Fee: \$25.00

Typed or printed name of signee