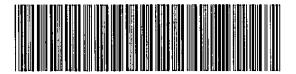
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A. BUTLER
JAN 3 1 2022

COVER LETTER

TO: Registration S Division of Co			
	ANSPORT LCC		
SUBJECT:	Name of Lin	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
	GUSTAVO ANDRES PI	NILLA	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	D & I TRANSPORT LCC	<u>. </u>	
		Firm/Company	
	10623 B!LLINGS ST		
		Address	
	ORLANDO, FL 32832		
		City/State and Zip Code	
	DITRAGSPORTS17@GM		
For further information	t-mail address: concerning this matter, please c	(to be used for future annual report ne	tification)
GUSTAVO ANDRES I	PINILLA	407 517-8671	
Name of Person		at ()	nc Tolephone 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 Registration 1 Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations Fallahassec oc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D & I TRANSPORT LCC			(00 1++)	
(Name of the Lin	ited Liability Compa	ny as it now appears on our re Liability Company)	ecords.)	
		• •		JF
The Articles of Organization for this Limited	Liability Company	were filed on 08/10/2021	30 5 4 2 7 2 7 2	and assigned
Florida document number 800371515138				_
This amendment is submitted to amend the fo				
A. If amending name, enter the new name	of the <u>limited liab</u>	ility company here:		
D & I TRANSPORT LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	'LLC'' or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BGX)				-
		· · · · · · · · · · · · · · · · · · ·		
				
3. If amending the registered agent and/or igent and/or the new registered office addro		address on our records, <u>er</u>	iter the names	of the new regis
	-			
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida street aa	ldress	
			. Florida	
		Cin	, cionua	Zip 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			□Change
			□Remove
			□Change
			□Add
			□ □Remove
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	te, if other th	an the date of f	filing: 01/14/2022		(option	al)
fective da	date inserted in	this block does t	not meet the applic	cable statutory filing r	e than 90 days after fil requirements, this d	ing.) Pursuant to 605.0207 ate will not be listed as
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