## 171000359663

(Req	uestor's Name)	
(Add	ress)	
(Add	iress)	
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	rument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
		:

Office Use Only



400381018184

02/14/22--01011--028 \*\*25.00

PILED
2022 FEB 14 MH 10: 49
SECRETARY OF STATE

A. BUTLER FEB 2 2 2022

## **COVER LETTER**

	gistration Se ision of Cor			
SUBJECT:	D&I Transp	port LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Gustavo Andres Pinilla		
			Name of Person	
		D&I Transport LLC		
			Firm/Company	
		10623 Billings Street		
			Address	
		Orlando, Florida 32832		
			City/State and Zip Code	<del></del>
		ditransport517@gmail.com		
		E-mail address: (	to be used for future annual report not	tification)
For further in	iformation c	oncerning this matter, please c	all:	
Gustavo And	lres Pinilla		407 · 517-8671	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	ling Address		Street Address:	wtion
_	gistration S vision of C	orporations	Registration Se Division of Co	
	Box 632	•	The Centre of T	•
Tal	lahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

nited Liability Comp (A Florida Limited	any as it now appears on o Liability Company)	ir records.)	
	y were filed on 08/10/20.	21 and assig	med
,			
llowing:			
of the limited lial	bility company here:		
words "Limited Liab	ility Company," the designat	ion "LLC" or the abbreviation "L.L.(	C."
icable:			
21			
	-		
<u>: BOX)</u>			
	. 44	,	• .
registered office ess here:	address on our records	, enter the name of the new r	regist
n/a			
n/a			
10 G	Enter Florida stre	et address	
	127776		
n/a		, Florida <sup>n/a</sup>	
] 	Liability Company  Illowing:  of the limited liab  words "Limited Liab  icable:  ET ADDRESS)  registered office  ess here:	Liability Company were filed on O8/10/202  Blowing:  of the limited liability company here:  words "Limited Liability Company," the designation of the limited Liability Company, the limited Liability Company of t	Illowing:  of the limited liability company here:  words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L. icable:  ET ADDRESS)  registered office address on our records, enter the name of the new ress 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Alejandro Alarcon Perez	9429 Dowden Road Apt 10104 Orlando, Florida 3283	32 <b>≣</b> Add
	•		□Remove
			_ 🗆 Change
			_ □Add
			□Remove
			_ □Change
			🗆 Add
			Remove
			_ ElChange
			_ 🗆 Add
			🗆 Remove
			🗆 Change
<del></del>			□Add
		<u> </u>	_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			□ Change

n	'a
_	
_	
_	
-	
_	
_	
_	
-	
_	
-	
	_
_	
etir effe	re date, if other than the date of filing: (optional)  etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
<u>e:</u> i	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
ume	nt's effective date on the Department of State's records.
cord s file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
, ,,,,	<b>v</b> .
ed _	ebruary 8th 2022
-	
	Adealy Fonder Fiells
	Signature of a member or authorized representative of a member
	- N

Typed or printed name of signee