L21000375778

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

Tallahassee, FL 32314

	istration Se ision of Cor			
SUBJECT:		t Dispatch LLc		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Brian Jean		
			Name of Person	
			Firm/Company	
		4940 FISHERMAN DR #	F	
			Address	
		Coconut Creek FL 33063		
		Briannoel51@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report	notification)
For further in	iformation c	oncerning this matter, please c	all:	
Brian Jean			786 301- 299)4
	Name o	f Person	at () Area Code Da	ytime 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 Addres		Street Address	
_	gistration S vision of C	orporations	Registration Division of (Section Corporations
	. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Jacket Dispatch LLc		
(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000375778</u>	were filed on August 23, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5379 Lyons rd 1738 Coconut Creek	. F1. 33073
(Principal office address MUST BE A STREET ADDRESS)		
		2/2/10
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		一
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the </u>	name of the new fegistered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
No. 10. 14. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	City	Zıp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and La provided for in Chapter 605, F.S.	m familiar with and Or, if this 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>	Name	Address	Type of Action
AMBR/N	Brian Jean	5379 Lyons rd 1738 Coconut Creek, FL 33073	= Add
			⊡Remove
			□ Change
MGR	Sheren Pierre	5379 Lyons rd 1738 Coconut Creek, FL 33073	= Add
			□Remove
			□Change
			28 DA OCT
			Change Add
			□Remove
			□Change
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			□Change
	-		□ Add
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