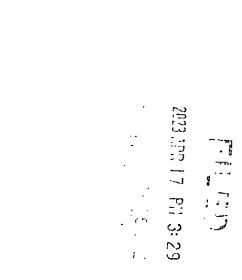
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Certified Copies Ce	ertificates of Status
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TO: Registration Solution of Co		r	÷	
يد Fidiel,QU	HTRANSPORTE LLC			
SUBJECT:	Name of land	oted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	FIDIELQUI TERRERO P	ENA		
		Name of Person		
		Fina Company	<del></del>	202
	250 CARILLON PKWY 2	50	<u></u>	2023 APR
		Address	:	
	ST, PETERSBURG, FL 3.			P
	Fidickqui@gmail.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	ယ္   ()
	E-mail address: f	to be used for future annual report notif	ication)	Q
For further information of	concerning this matter, please c	all:		
FIDIELQUI TERRERO		404 740-2260		
Name o	of Person	Area Code Daytim	Telephone 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 tadditional copy is enclosed?	Z \$60.00 Filin Certificate Certified Conditional co	of Status &
<u>Mailing Addre</u> Registration Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DocuSign Envelope ID: C4626557-530F-42D6-BF88-0F17078CE97C

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIDIELQUITRANSPORTE LLC (Name of the Limited Liability Comp.)	any as it now appears on our records.)	<u> </u>
( <u>Name of the Limited Liability Comp</u> (A Floride Limited	Liability Company)	•
he Articles of Organization for this Limited Liability Company	were filed on <u>08/24/2021</u>	and assigne
orida document number L21000379815		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
DIELQUI SERVICES LLC		
te new name must be distinguishable and contain the words "Limited Liabi	ifity Company," the designation "LLC" c	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	250 CARILLON PKWY 250	201
Principal office address MUST BE A STREET ADDRESS)	ST. PETERSBURG, Fl. 33716	- 33
		. ž
		I
nter new mailing address, if applicable:	250 CARILLON PKWY 250	그 교 내
failing address MAY BE A POST OFFICE BOX)	ST. PETERSBURG, FL 33716	
		1 3

## New Registered Agent's Signature, if changing Registered Agent:

I berchy 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.

City

Zip Code

DocuSign Envelope ID: C4626557-530F-42D6-BF88-0F1707BCE97C in amenuing Authorized rerson(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
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			□Remove
			Change
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Effective date, if other than the offerive date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ek does n	iot meet	the applic	rable stat	f filmg or utory fili	more than 9 ng require	0 days af ments, t	tionar) er tiling his date	) Pursua will no	mt to 605, of be liste	,0201 ed as
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Filing Fee: \$25.00