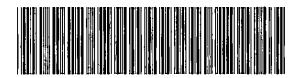
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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A. RIVERS

Office Use Only

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Dw	es Hauliou Name of Um	Services LLC ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Tecco	Name of Person	
		Firm/Company	
	1617 E 3	ordan St Address	.
	Pensacda	FL 3250'	3
	Owe Sol	to be fised for future annual report of the	ication) Com
For further information co	ncerning this matter, please ca	all:	
Terry Warne of	Person	at (<u>850</u>) <u>28</u>] - Area Code Daytimo	Telephone Number
Enclosed is a check for the	e 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 Se Division of Co	ection	Street Address: Registration Sec Division of Con	

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on September 08, 2021 and assigned	
Florida document number <u>L21 000397970</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	1104 E STRUNG ST	
(Principal office address MUST BE A STREET ADDRESS)	Pensovoly, FL 32501 (<u>}</u> ⊃ ≥
Enter new mailing address, if applicable:	MOYE STRONG ST.	
(Mailing address MAY BE A POST OFFICE BOX)	Pensacdy FL 32503	
		_
B. If amending the registered agent and/or registered office	address on our records, enter the name of the new regis	tered
agent and/or the new registered office address here:	9. 9. 05 STAT	
	9 5TAI 95	
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City 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, 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>	<u>Address</u>	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
		Add	
		□Remove	
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			Change
			
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			□Chance

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and anniform a delayed effective data has not an effective time at 17.01 - at the time of (L) (The OOs	uant to 605.0201 not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t Lis filed.	h day after the
ated 01 01 2022	
Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
Terry W. Owen	