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COVER LETTER

TO: Registration So Division of Cor						
	ching Services LLC		•			
SUBJECT:	Name of Lim	ited 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:				
	Yvette Benitez					
		Name of Person				
	JLP Dispatching Services	LLC				
		Firm/Company				
	2015 Vastine Dr					
		Address				
	Boynton Beach Fl33426					
		City/State and Zip Code				
	Jastrans3@jlpdispatch.com					
	E-mail address: (to be used for future annual report i	notification)			
For further information of	concerning this matter, please c	all:				
Yvette Benitez		786 299-1840				
Name o	of Person	Area Code Day	time Telephone Number			
Enclosed is a check for t	he following amount:					
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration	Section	Street Address: Registration	Section			
Division of C P.O. Box 633		Division of C The Centre o	f Tallahassee			
Tallahassee		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN -7 PM 2:57 JLP Dispatching Services LLC (Name of the Limited Liability Company as it now appears on our records.) ARY OF STATE (A Florida Limited Liability Company)

[ALLAHASSET STATE The Articles of Organization for this Limited Liability Company were filed on 9/24/21 and assigned Florida document number <u>L21000405775</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cire

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
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