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COVER LETTER

TO:

CUDIECT	DJ Agricul	tural Services & Transport LL0	C			
SORTECT	: <u></u>	Name of Lim	nited Liability Company			
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Di Agricultural Services & Transport LLC Name of Limited Liability Company						
		David awad				
			Name of Person	· • · · · · · · · · · · · · · · · · · ·		
		Dj Agricultural Services &	: Transport LLC			
			Name of Limited Liability Company Ind fee(s) are submitted for filing. Ind			
		2385 sue dr				
			Address			
		kissimmee fl 34741				
			City/State and Zip Code			
		djagricultural@gmail.com				
		E-mail address: (to be used for future annual report not	ification)		
For further	information c	oncerning this matter, please co	all;			
David Awa	ad					
	Name o	f Person		ne Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
			<u></u>	wtion		
				The state of the s		
P.	O. Box 632	7				
Ta	allahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dj Agricultural Services & Transport LLC		
(<u>Name of the Limited Liability</u> (A Florida	ty Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability C		and assigned
Florida document number <u>L21000419488</u>	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		جي ر
(Principal office address MUST BE A STREET ADDR	ESS)	· D
		1.
Enter new mailing address, if applicable:		· 5
(Mailing address MAY BE A POST OFFICE BOX)		Q 5
		(;)
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter th	e name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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>	Name	Address	Type of Action
MGR	David Awad	2385 sue dr kissimmee fl 34741	■Add
			□Remove
			□Change
			□Add
			Remove
			□Change
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Filing Fee: \$25.00