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## **COVER LETTER**

TO: Registration Section

Tallahassec, FL 32314

Division o	f Corporations	,	
	AUTO LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	<del>.</del>
The enclosed Articl	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all cor	теspondence concerning this matter	to the following:	
	JAIME E. MONROIG GO	ONZALEZ	
		Name of Person	
		Firm/Company	
	1031 HAY ST		
		Address	
	YORK PA 17403		
		City/State and Zip Code	
	jayidedyll@gmail.com E-mail address:	to be used for future annual report noti:	fication)
For further informa	tion concerning this matter, please of	call:	
JAIME E MONROIG GONZALEZ		717 6681741 at (	
N	ame of Person	Area Code Daytim	e Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	Fee S30.00 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)
<u>Mailing A</u> Registrat	ddress: tion Section	Street Address: Registration Sec	ction
	of Corporations	Division of Cor	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) DDA AUTO LLC SECRETARY OF STATE 10/15/200 LAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number \_\_\_\_\_L21000450683 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DDA AUTO TRANSPORT LLC 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 City 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

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 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>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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n offective dat ote: If the da	te, if other than the date of filing:	
is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
ted	March 1. 2022.	
	Signature of a member of authorized representative of a member  Jaime E. Monvola Gonza 42  Typed or printed name of signee	