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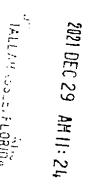
(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	e)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration : Division of Co			•
Dailey Ca	re Transportation Services LLC		
76JF.C.1:	Name of Lir	nited Liability Company	
39			
	f Amendment and fee(s) are sul	-	
Please return all corresp	ondence concerning this matter	to the following:	
	Rodney Dailey		
		Name of Person	
	Dailey Transportation Ser	vices LLC	
		Firm Company	 -
	1413 Lisbon Court		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Championsgate, FL 3389	6	
		City/State and Zrp Code	
_	dewdneyangela@gmail.com	n	
	E-mail address: (to be used for future annual report not	itication)
For further information	concerning this matter, please c	all:	
Angela Dewdney		561 441-1187	
Name	of Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	
P.O. Box 632 Tallahassee,		The Centre of T	
rananassee,	F II. J. J. J. 14	2410 N. Monro	c Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		ans as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited I	ability Company	were filed on 10/28/2021	and assigned
Florida document number L21000468416			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liat	oility company here:	
Dailey Transportation Services LLC			
The new name must be distinguishable and contain the	words "Linuxed Liab	ility Company," the designation	"ULC" or the abbreviation "L. L. C"
Enter new principal offices address, if appli	cable:	Same	
Principal office address MUST BE A STREA			
	_		
Enter new mailing address, if applicable:		Same	
Mailing address MAY BE A PQST OFFICE	EBOX)		· · · · · · · · · · · · · · · · · · ·
		address on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:	ess here:	address on our records, <u>e</u>	nter the name of the new register
ogent and/or the new registered office addre	Same	address on our records, <u>e</u> Ener Florida street a	
Name of New Registered Agent:	Same	Enter Florada street a	iddress
agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	Same Same Same	Emer Florada street a Ciș	iddress _ Florida <mark>Same</mark>
•	Same Same Same Same Registered Agent red agent and agr per and complete ristered agent as registered office s change.	Emer Florida street a Cos. Every to act in this capacity, or performance of my dutien provided for in Chapter (I Florida Same Typ Code 2021 I further agree to comply with two some familiar with and some that the limited liability On the some some some some familiar with and some some familiar with and some some familiar with and some some some familiar some some familiar with a some some some some some some some some

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>itle</u>	Name	Address	Type of Action
	N/A		□Add
			□Remove
			Change
	NA -		□Add
			□Remove
			□Change
	v/a -		
_	,		□Remove
			□Change
	N/A -		
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`66	a data if other than the data of filings (anticod)	
<u>vote:</u> 1	te date, if other than the date of filing:	
record Lis file	specifies a delayed effective date, but not an effective time, at 12:01 a m, on the earlier of: (b). The 90th day after the d.	ů
ated _	Nov 37th (11-27-) 2021	
	Signature of a member or authorized representative of a member	
	Angela Dewdney, Authorized Rep.	