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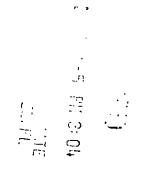
(Requestor's Name)
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6. HUNT 05/05/24

COVER LETTER

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

DMASID	Trucking LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	Jonathan Stahler, Esq.				
		Name of Person			
	Stahler Sports & Entertainment Law LLC				
		Firm/Company			
2332 Galiano Street, 2nd Floor Address					
		Address			
	Coral Gables, FL 33134				
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	jmstahler3@gmail.com				
		to be used for future annual report not	incation)		
For further information	concerning this matter, please c	all:			
Jonathan Stahler		717 503-7229 at ()			
Name	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for	the 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 Addr		Street Address:			
Registration		Registration Se			
P.O. Box 63	Corporations 27	Division of Co The Centre of			

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company) (A Florida Limited Liab	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L21000529174</u>	ere filed on December 16, 2021	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and contain the words "Limited Liability"	Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		***
(Principal office address MUST BE A STREET ADDRESS)	·	1
_		
		.n
Enter new mailing address, if applicable:	1979	<u>-7</u>
(Mailing address MAY BE A POST OFFICE BOX)		(i)
	L.	#
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here: Name of New Registered Agent:	ress on our records, enter the name o	of the new regi
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

DMASID Trucking LLC

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>	Address	Type of Actio
AMBR	Demetrios Dellis	7901 4th Street N., Suite 300	□Add
		St. Petersburg, FL 33702	☑Remove
			□Change
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of If the date inserted in this block does not meet the applicable statu	(optional) filing or more than 90 days after filing.) Pur	suant to 605.02
iment's effective date on the Department of State's records.	any thing requirements, this date with	not be fisted
ord specifies a delayed effective date, but not an effective time, at 12 filed.	2:01 a.m. on the earlier of: (b) The 90	th day after th
d		
Signature of a member or authorized repr		

10:11: 10 64E 00