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COVER LETTER

TO:

	istration Sect sion of Corp		· .			
SUBJECT:	DY VENDIN	NG SERVICE LLC				
SOBJECT.		Name of Lim	ited Liability Company	,		
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		DANIEL J. SANCHEZ				
		52	Name of Person	_	·	
		2134 SE MORNINGSIDE				
		PORT SAINT LUCIE, FL	Address 34952			
		daniel80us@gmail.com	City/State and Zip C			
For further in	formation cor	E-mail address; () ncerning this matter, please ca	to be used for future an all:	mual report notificat	ion}	
DANIEL J.	SANCHEZ		786 at (956-4112		
_	Name of I	erson	Area Code	Daytime Te	lephone Number	
Enclosed is a	check for the	following amount:				
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Cop (additional copy	y.	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	ling Address: distration Se			et Address: distration Sectio	n	
Division of Corporations			Div	Division of Corporations		
	. Box 6327			Centre of Talla		
Tall	lahassee, Fl	. 32314	241	5 N. Monroe St	reet, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DY VENDING SERVICE LLC

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on 01/24/2	022	ane assigned
Florida document number L22000042076	·		TARY OF CH R 29
This amendment is submitted to amend the following:			# 0:
A. If amending name, enter the new name of the lim	nited liability company here:		Ö
DY Dispatch Transport Services LLC			_
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the design	ation "LLC" or the abbres	ciation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
-			
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ed office address on our recor	ds, <u>enter the name o</u>	f the new registere
	Enter Florida st	reet address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of my a igent as provided for in Chap red office address. I hereby co	duties, and I am fam uer 605, F.S. Or, if t	iliar with and his document is

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>	<u>Address</u>	Type of Action
MGR	DANIEL J. SANCHEZ	2134 SE Morningside Blvd Port S.Lucie, FL 34952	= Add
		-	□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			🗆 Add
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			□Change

			
			
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ectivo	04/26/2022 e date, if other than the date of filing:(optional)		
reffect <u>te:</u> If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs the date inserted in this block does not meet the applicable statutory filing requirements, this date will it's effective date on the Department of State's records.		
eord : s filec	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t I.	h day after	the
ed	·		
_	A		
	Signature at a member or authorized representative of a member		

Typed or printed name of signee