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COVER LETTER

TO:

Registration Section

Divisio	on of Cor	porations				
	DY DISPATCH TRANSPORT SERVICES LLC					
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed A	rticles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return al	l correspo:	ndence concerning this matter	to the following:			
	·	-				
		DANIEL J. SANCHEZ				
			Name of Person			
			Firm/Company			
		2134 SE MORNINGSIDE	BLVD	(a. N		
			Address	IDZZ		
		PORT SAINT LUCIE. FL	34952	2022 HOV -9 SECRETARY TALL A		
			City/State and Zip Code	9		
		daniel80us@gmail.com		- 17 - 19 - 17 - 17 - 17 - 17 - 17 - 17		
For further info	rmation co	n-mail address: (oncerning this matter, please c	to be used for future annual report not all;	ification)		
DANIEL J. SA	ANCHEZ		786 956-4112			
	Name of	Person		ne Telephone Number		
Enclosed is a cf	heck for th	e following amount:				
■ \$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ng Address		Street Address:			
Registration Section			Registration Section Division of Corporations			
	non of C Box 632	orporations 7	The Centre of	•		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DY DISPATCH TRANSPORT SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/24/2022}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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.

City

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	TERESA DE JESUS SANCHEZ	2320 NW 91 ST MIAMI FL 33147	= Add
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ed October 20	2022			
cord specifies a delayed effecti s filed.	ve date, but not an effective time, a	t 12:01 a.m. on the earlier	of: (b) The 90t	h day after th
te: If the date inserted in this but ument's effective date on the l	block does not meet the applicable s	statutory filing requiremen	ts, this date will	not be listed a
ective date, if other than the effective date is listed, the date mi	ast be specific and cannot be prior to date	e of filing or more than 90 day	(optional) ys after filing.) Purs	suant to 605.020
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