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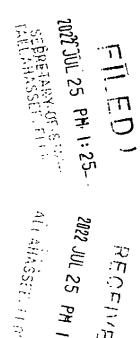
	(Requestor's Name)
	761 ×
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PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	J. HORNE
	JUL 2 5 2022

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COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: DOCTO Freight Name of Lin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are su	ebmitted for filing.
Please return all correspondence concerning this matter	r to the following:
Martin D	Dominguez Nume of Person
Docta F	Freight Lines, LLC
3413 Sug	Par Mill Rd. Address
Kissimme	ee FL 34741 City/State and Zip Code
<u>Chimoldo</u> E-mail address:	minuer @ Hotmail.com (to be used for future annual report notification)
For further information concerning this matter, please	call:
Martin D. Dominguez. Name of Person	at (407) 3195447 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



	Florida Limited Liability Company)	-511
The Articles of Organization for this Limited Liab		- 2022 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	<u></u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BC	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address l		name of the new register
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		·
	Enter Florida street address	
	Enter Florida street address	la

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>	Name	Address	Type of Action
AMBR_	Martin D. Dominguez	3413 Sugar Mill Rd.	. X∧dd
		Kissimmea, FL 34741	□Remove
			□Change
MGR	Santiago Doninguez	3413 Sugar Mill Rd Kissimmee, EL 34741	W Add
		Kissimmee, EL 34741	Remove
			□Change
			□Add
			□Remove
			□Change
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		4964.6	□Remove
			□Change
			□Add
			□Remove
			Change

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lan eff <u>Sote:</u>	ive date, if other than the date of filing:
l is fi	
ated	Monday 25 op July. 2022.
	Signature of a member or appropried representative of a member

Filing Fee: \$25.00