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TO: Registration Section
Division of Corporations

SUBJECT: ALLIANCE TRUCK DISPATCH, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Xiomara Espinosa

Name of Person

ALLIANCE TRUCK DISPATCH, LLC

Firm/Company

109 Delaware Woods Ct.

Address

Orlando, FL 32824

City/State and Zip Code

XE_Dispatch@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Xiomara Espinosa

407

538-0026

at (_____) _____

Name of Person

Area Code

Daytime 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 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

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SECTION

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October, 12th 2023

Xiomara Espinosa

Typed or printed name of signee

Filing Fee: \$25.00