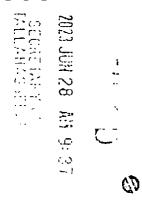
L22000 29461

| | (Requestor's Name) |
|-------------------------|--------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| | (2000 North President) |
| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
| | J. HORNE |
| | U.N. 2 0 2022 |
| | JUN 2 8 2023 |
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| | |

Office Use Only



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05/28/23--01001--009 **55.00



COVER LETTER

| FO: Registration Sect Division of Corpo | | | • |
|--|--|---|--|
| SUBJECT: PEX | Name of Limi | C Tronsport U | <u>LC</u> |
| | nendment and fee(s) are sub- | | |
| | Philip F | Name of Person | |
| | D & KIJ | Trucking L-LC Firm/Company | <u> </u> |
| | 4133 B | include Ct | - |
| | Tallans | City/State and Zip Code | <u> </u> |
| | E-mail address. | to be used for luture annual report notition | Jation) |
| for further information con | cerning this matter, please ea | ill: | |
| Philip Fo | wkr Person | at (<u>978</u>) <u>467</u> Area Code Daytime | - 3908 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: | | Street Address: | |

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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 OF

(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 Lia | • • • | and assigned |
|--|---|--------------------------------|
| This amendment is submitted to amend the follow | | 202 3:0 1:A:L1 |
| A. If amending name, enter the new name of t | the limited <u>liability company here</u> : | |
| DE MIT TOUCHING | q LLC | |
| The new name must be distinguishable and contain the war | rds "Limited Liability Company," the designation "LLC | " or the abbreviation "LT.C." |
| Enter new principal offices address, if applical | ble: | -46 |
| (Principal office address MUST BE A STREET | ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | PON) | |
| B. If amending the registered agent and/or regagent and/or the new registered office address | ·.· | the name of the new registered |
| Name of New Registered Agent: | Philip Fowler | |
| New Registered Office Address: | 4133 Bundbrook Co | <u> </u> |
| | Talkhossee .FI | orida <u>32355</u> Zip Code |

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.

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 addec or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| fective d | ate, if other than the date of filing: |
|--------------------|---|
| <u>ote:</u> If the | edate inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as |
| ocument's | effective date on the Department of State's records. |
| . عدد است من | off and datased off original days have an off arising fine, or 12.01 and another arising of the Theological arising the |
| is filed, | cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| | |
| ated | 06/27/2023 |
| | al i |
| | |
| _ | Signature of a member or authorized representative of a member |
| - | Signature of a member or authorized representative of a member |