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A. BUTLER
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COVER LETTER

O: Registration Section Division of Corporations
Blackbag Dispathing Services LLC June of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Michael Anderson Name of Person
Firm/Company
11009 Fairview Ave
Lakeland FL 33803 City/State and Zip Code
Choleco 712 o gmail. Com E-mail address: (to be used for future annual) eport notification)
or further information concerning this matter, please call:
Nichole Anderson at 863 292 1865 Area Code Daytime Telephone Number
inclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

ARTICLES OF ORGANIZATION

(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 w	vere filed on July 11, 2022 and as	ssigned
Florida document number <u>L220003074</u> 12	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Blackbag Dispatching	Services LLC	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "I	L.L.C
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>-</u> _
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		-
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name of the no	ay register
Name of New Registered Agent:		
Niger Design and CNT and Address		
New Registered Office Address:	Enter Florida street address	<u>-</u>
	, Florida	
	City 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being acor removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		□Add	
		□Remove	
		□Change	
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			□Change

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(If an effec <u>Note:</u> H	e date, if other than the date of filing:
the record cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	Oct 31 2022
	Signature of a member or authorized representative of a member