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2/10/23 V.M

COVER LETTER

TO: Registration Sec Division of Corp		• •	•
SUBJECT: RD	M Equil	Transport, LL ited Liability Company	<u>. </u>
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Rosh	10 Deese Name of Person	
	<u> </u>	Firm/Company	d for filing. e following: Deese Name of Person Firm/Company Pewa Ave. Address L1.33730 ty/State and Zip Code Seeyahoo.com used for future annual report notification) at (386) Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations
	32650 Ch	nippewa Ave.	
	Delan	d H. 32720 City/State and Zip Code	
	rozyde E-mail address:	eseeyahoo. Co	fication)
For further information co	oncerning this matter, please ca		
Name of	Deese	at (386) 185 - Area Code Daytime	9484 e Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy
Mailing Address Registration S			ction
Division of Co		Division of Cor	porations
D () Doy 6221	7	The Centre of T	'allahaceaa

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Transport (<u></u>
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on ited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compa	any were filed on	112/2033 and assigned
Florida document number <u>L77000440077</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited leading to the leading to the limited leading to the lea		
The new name must be distinguishable and contain the words "Limited L	iability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	207
		FIL BECOLETANIA ALL AND
Enter new mailing address, if applicable:	NA	> × × × × × × × × × × × × × × × × × × ×
(Mailing address MAY BE A POST OFFICE BOX)		
		± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±
		0
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our reco	rds, <u>enter the name of the new registered</u>
Name of New Registered Agent:	r	
New Registered Office Address:	. <u>-</u>	
	Enter Florida :	street address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my as provided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is

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 = ManagerAMBR = Authorized Member

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

•		
<u></u>		
		
		
		
c		
n effective date is us ite: If the date ins		(optional) te of filing or more than 90 days after filing.) Pursuant to 605.020 statutory filing requirements, this date will not be listed a
is filed.		at 12:01 a.m. on the earlier of: (b) The 90th day after th
Nous	Roslyn Deese Typed or printed nar	
ted Nover	1/.00	