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Office Use Only

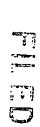


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## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Ms. Tonia Grant, Registo	ered Agent		
		Name of Person		
	2LADII ' S TRUCK	ING DISPATCH & LOGISTIC LLC		
		Firm/Company		
	5254 1st Avenue Sou	ıth		
		Address		
	Saint Petersburg, Flo	orida 33707	C2	20
		City/State and Zip Code	7.6 1.5 1.5	2023 HAR 20
	E mail addense: I	to be used for future annual report notificat	ion)	MR 2
For further information c	oncerning this matter, please co	·		
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Tonia Grant, Registere	d Agent f Person	813 727-7816 at ()	lephone Number	$\frac{\omega}{2}$
Name o	i Person	Area Code Dayume re	repriorie ivaniber	
Enclosed is a check for th	ne following amount:			
■ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	
Mailing Addres Registration S		Street Address: Registration Section	n	
Division of C	Corporations	Division of Corpor	ations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2LADII ' S TRUCKING DISPATCI		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our to da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed onJanuary 2	3, 2023 and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
N/A		
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	20
Principal office address MUST BE A STREET ADD	RESS)	
		2 2
Inter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)		9: 3
	<del> </del>	m <del>-</del>
3. If amending the registered agent and/or registere gent and/or the new registered office address here:		enter the name of the new registe
Name of New Registered Agent: N/A		
New Registered Office Address:		<del></del>
	Enter Florida street	address
		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 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>	<u>Name</u>	Address	Type of Action
MGR	Tonia Grant	5254 1st Avenue South, St. Petersburg, FL 33707	<b>=</b> Add
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ctive date, if other than	the date of filing	February 23,	2023	(opti	onal)	
effective date is listed, the date	must be specific and	cannot be prior to	date of filing or mo	re than 90 days after	tiling.) Pursuant to	605.02
ment's effective date on th			ic statutory ming	requirements, the	s date will not be	. Hateu
ord specifies a delayed effe	ctive date, but not	an effective time	e, at 12:01 a.m. o	n the earlier of: (b	) The 90th day	after tl
filed.						20
February 23		2023			SLOW TAR 20	; :
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