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## **COVER LETTER**

Registration Section Division of Corporations

TO:

OUD IFOT.	BLACKHAND DISPAT	CH AND BROKERAGE, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	TAIWAN L. DRIVER			
		Name of Person		
		Firm/Company		
	920 NORTHERN DRIVE			
		Address		. 23. i
	LAKE PARK, FL 33403		्य - इंग् - 1	
		City/State and Zip Code	,-	•
	martintaiwan40@gmail.com		_	
	E-mail address: (	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		127
TAIWAN L. DRIVER		561 672-4940		,
Name o	f Person	at ()	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status Certified Copy (additional copy is encle	
Mailing Address Registration S		Street Address: Registration So	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassee, 1		The Centre of	Fallahassee oe Street, Suite 810	
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACKHAND DISPATCH	•		
(Name of the Limited Liability C (A Florida Lir	Company as it now appears o mited Liability Company)	n our records.)	<del></del>
The Articles of Organization for this Limited Liability Com Florida document number	npany were filed on	April 3, 2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here	•	
ROAD DOG DISPATCH AND			
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A		28.
Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable:	N/A		70
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our reco	ords, <u>enter the n</u> a	ame of the new register
Name of New Registered Agent: N/A			
New Registered Office Address:	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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Remove
			☐ Change
			□Remove
			Change
			□Remove

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of lote: If the date inserted in this block does not meet the applicable statu	filing or more than 90 days after filing.) Pursuant to 605.02
ocument's effective date on the Department of State is records.	atory mang requirements, this date will not be instead
	2:01 a.m. on the earlier of: (b). The 90th day after th
record specifies a delayed effective date, but not an effective time, at 12	tion and out of the out of the road day after the
record specifies a delayed effective date, but not an effective time, at 12 is filed.	
t is filed.	
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t is filed.	

Filing Fee: \$25.00

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>	Name	Address	Type of Action
CEO	TAIWAN L. DRIVER	920 NORTHERN DRIVE	<b>≅</b> Add
		LAKE PARK, FL 33403	□Remove
MGR	TAIWAN L. DRIVER	920 NORTHERN DRIVE	<b>=</b> Add
		LAKE PARK, FL 33403	□Remove
		<del></del>	□Change
			□ Remove
			□ Åðd
			□ Remove
			□Add
			□Remove
			🗀 Change
			□A₫d
			□Remove
			□ Change