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COVER LETTER

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TO: Registration Section Division of Corporations	,
SUBJECT: Dyne Haulers, LLC Name of Limited Liability Company	<u>.</u>
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
William Lander Name of Person	
Dune Haulers, LLC	
1002 W Lake Marion Ro	3. NON - 100
Finn/Company 1002 W Lake Marion Roaddress Haines City, FL, 338 City/Stale and Zip Code dune haulers Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William Lander at 541, 362-6	-8 PH 2:
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
William Lander at 541, 362-6 Name of Person Area Code Daytime Telepho	3 0 9 one Number
Enclosed is a check for the following amount:	
□ \$25,00 Filing Fee □ \$30,00 Filing Fee & □ \$55,00 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:
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 TO ARTICLES OF ORGANIZATION OF

Dune Hau	lers, LLC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>L23000213</u>	ility Company were filed on $\frac{May 15t 2023}{557}$ and assigned
This amendment is submitted to amend the follow:	ing:
A. If amending name, enter the new name of th	ne limited liability company here:
- -	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	20 2 : 61
	17 S
B. If amending the registered agent and/or registered office address b	istered office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	1) . 17!
	Enter Florida street address
	, Florida

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	William Lander	1002 W Lake Marion 1	Rd. XAdd
		1002 W Lake Marion Marion F Haines City, FL 338	344 DRemove
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