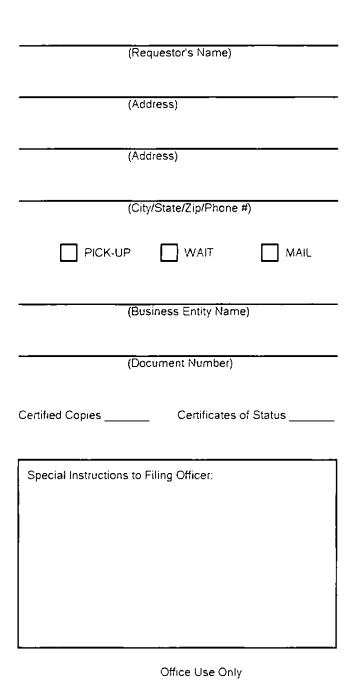
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A. RIVERS SEP 15 2023

COVER LETTER

TO:	Registration Solution of Col		•	• .
	correction of	of the company name		
SUBJE	CCT:	N	ited Liability Company	
		Name of Lim	nted Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Plcase i	return all correspo	ondence concerning this matter	to the following:	
		Delly Barreau		
			Name of Person	
		DD Top Class transportation	on LLC	
		(WOLLDWARFILET)	Firm/Company	
		9081 NW 25TH CT		
		SUNRISE FL 33322	Address	
		dellybarreau@yahoo.com	City/State and Zip Code	<u> </u>
		E-mail address: (to be used for future annual report noti	fication)
For furt	her information o	concerning this matter, please ca	all:	
DELLY	BARREAU		954 4044362	
	Name o	of Person	at (e Telephone Number
Enclose	ed is a check for t	he following amount:		
	5.00 Filing Fee	☐ \$30.00 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 Addres	\$ 6 *	Street Address:	
Registration Section			Registration Se	ction
	Division of C		Division of Corporations	
	P.O. Box 632	-	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DD TOP CLSS TRANSPORTATION (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 were filed on AUGUST 14, 2023 _____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DD TOP CLASS TRANSPORTATION LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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.

City

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>	<u>Address</u>	Type of Action
			□Add
		<u></u>	□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
	•		□Remove
			Change
-			
			□Remove
			☐ Change
			
	•	·	□Remove
			□Change
			□Add
	•		□Remove
			□ Changa

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Effort:	ve date, if other than the date of filing:(optional)
(If an effe	ve date, if other than the date of filing:
he record	I 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 ed.
(08/16/2023
	
	Signature of a member or authorized representative of a member
	6: Z Z
	Signature of a member or authorized representative of a member