L23000385553

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
		
(Do	cument Number)	
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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A. PARISHANI OCT 0 1 2023

COVER LETTER

TO:	Registration Section Division of Corporations	š	F	i
#	<i>.</i> *			
SUBJEC	CT: DLKA Transport LLC	-		
	CT: DLKA Transport LLC Name of Lin	mited Liability Company	· · · · · ·	2
				173
The enci	losed Articles of Amendment and fee(s) are su	bmitted for filing.		2023 STO 19 PH 12: 31
Please re	eturn all correspondence concerning this matte	r to the following:		— —
	,	C		==
	Les 1.	es Ward	·	2: 31
		Name of Person		
	- DLKA	+ Transport LLC Firm/Company		
	35 sith Muss	Address		
		FL 3Z119 City/State and Zip Code		
	E-mail address:	TransportLLC@ Com. (to be used for future annual report no	otification)	
For furth	er information concerning this matter, please of	call:		
<u></u>	Name of Person	at (<u>336</u>) <u>506</u> Area Code Dayti	1837 me Telephone Number	-
Enclosed	l is a check for the following amount:			
∑ \$25.0	00 Filing Fee \$\times \text{Certificate of Status}\$	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Status &

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

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	OF	·	ğ
	LW TE	opt LLC	ā
(Name of the Lir	nited Liability Compan	y as it now appears on our records.) ability Company)	
			5
The Articles of Organization for this Limited	Liability Company v	vere filed on 8-16-20:23	and assigned
Florida document number L7300038555			
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liabili	ity company here:	
, <u></u>			
The new name must be distinguishable and contain the	words "Limited Liability	y Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
Principal office address MUST BE A STRE			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	E BOX)		
 If amending the registered agent and/or gent and/or the new registered office addr 	registered office ad ress here:	dress on our records, enter the	name of the new registered
Name of New Registered Agent:	Leslic	Miss C+ Enter Florida street address	
New Registered Office Address:	35 Silk 1	Miss (+	
		Enter Florida street address	-
	5.2	th Duting Florid	10 37119

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.

Cin

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
Ambr	Leslie S Ward	35 Silly moss of South Regioner FL 32119	
			□Remove
			□Change
			jijAdd
		<u> </u>	ĒAdd ∰Add ∰Remove
			□ □Change
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	Adding Loslie Ward as a member and as the	
_	new registered agent	
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Fecti	re date, if other than the date of filing: (optional)	
an effe ote:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) P f the date inserted in this block does not meet the applicable statutory filing requirements, this date wint's effective date on the Department of State's records.	ursuant to 605,0207 ill not be listed as
record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9 d.	90th day after the
ated_	9-12-2023	
	Signature of a member or authorized representative of a member	
	Signature of a trember or authorized representative of a member	
	Typed or printed name of signee	

Filing Fee: \$25.00