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IALLAHASSEE, FLORID

COVER LETTER

Division of Corporations					
SUBJECT: Dawson Transporter, LLC Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Patricia Dawson Name of Person					
Dawson Transporter, LLC					
11324 8th Avenue					
Punta Gorda Fl 33955 Chy/State and Zip Code					
daux mtrans on terca mail. Com E-mail address: No be used for tutule annual report notification)					
For further information concerning this matter, please call:					
Patricia Dawson at (941) 626-033 Name of Person at (941) 626-033 Area Code Daytime Telephone N					
Enclosed is a check for the following amount:					
Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)				
Carret Address.					

TO:

Registration Section

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

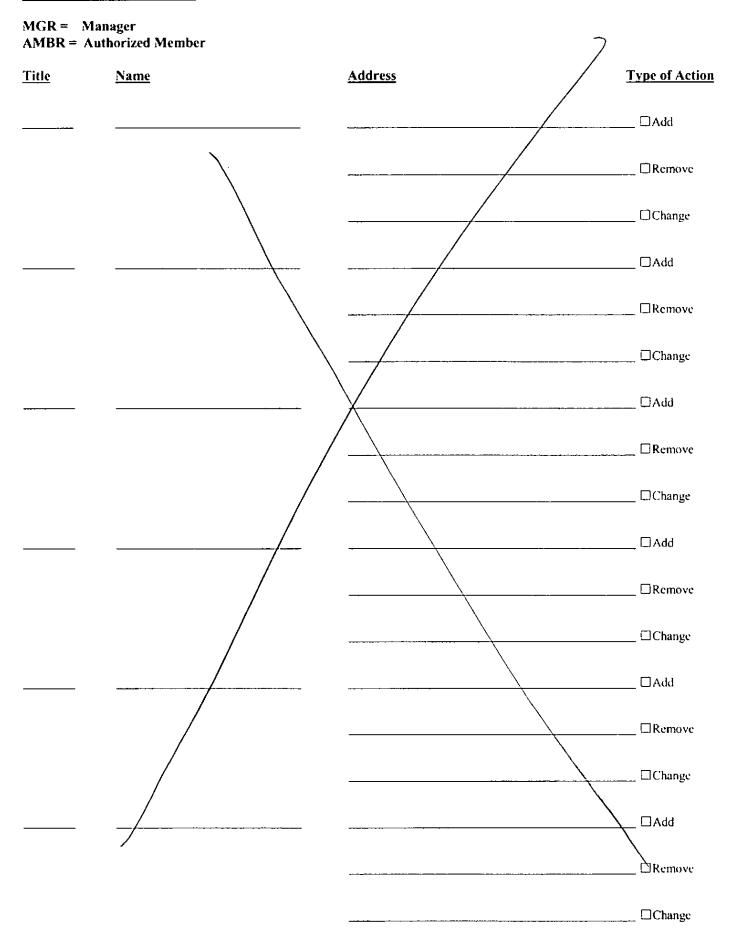
FILED

Dawson Trans porter (Name of the Limited Liability Compa (A Florida Limited L	Japanty Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000298291</u> .	were filed on <u>Ū</u>	uly 2, 200	24 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil Dawson Roads de Servi The new name must be distinguishable and contain the words "Limited Liabil			obreviation "L.L.C."
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 a agent and/or the new registered office address here:	iddress on our re	cords, <u>enter the nan</u>	ne of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	da street address	
	Citv	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•		empt visites
I have be a some the appointment on maintained against and against		annaite. I feathan an	man to annually with the

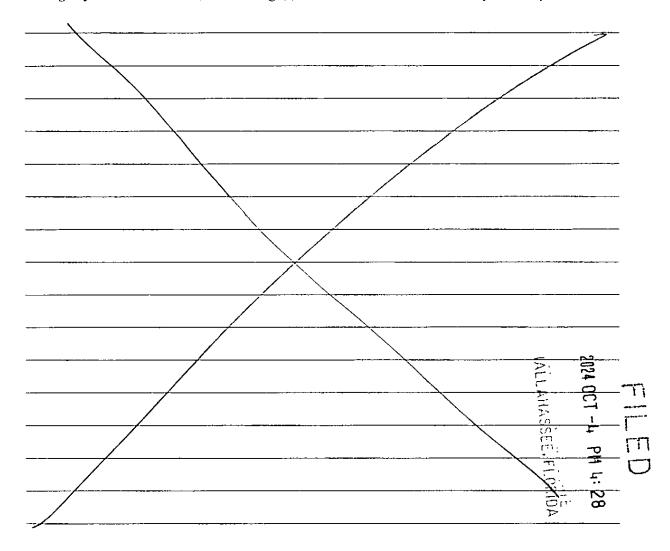
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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:



D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)



E.	Effective date, if other than the date of filing:	(optional)
	(If an effective date is listed, the date must be specific and cannot be prior to	date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b
	Note: If the date inserted in this block does not meet the applica	ble statutory filing requirements, this date will not be listed as the
	document's effective date on the Department of State's records.	

If the record 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 record is filed.

Dated October 1,	. 2024	
0.4	-' ' \(\) - ,	
tau	Signature of a member or authorized representative of a member	
Pa	tricia Dawson Typed or printed name of signee	
	Typed or printed name of signee	

Filing Fee: \$25.00