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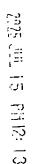
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# **COVER LETTER**

Division of Corporations
SUBJECT: D.I. P. Tronsportation and Lagistics
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:
Alesson Vorgas Name of Person
Name Of Ferson
Firm/Company
842 Del Prado Dr. Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Status Solution Status Solution Status Solution Status Solution Status Solution Status Status Solution Statu

**Registration Section** 

TO:

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

(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 Florida document number <u>L25000114</u> 79	were filed on $030725$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "Q.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	842 Del Prado Dr Vissimmee FL 34758
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	842 Del prodo Dr 1655 mmee FL 34758
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: A 1666.  New Registered Office Address: X 1666.	Del Prado Dy  Enter Florida street address  Mee Florida 34758
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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	v	Kissimmee FL 3474	Remove
			Change
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cord specifies a delay	ed effective date	but not an ef	fective time at 1	12:01 a.m. on the c	arlier of: (b) The	90th day after th
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	Signati	ure of a membe	er or authorized re	presentative of a me	mber	

E.

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

Filing Fee: \$25.00