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| Special Instructions to Filing Officer: | |
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COVER LETTER

| Division of Corporati | ons | | |
|---------------------------------------|--|---|--|
| SUBJECT: | <u>Lechu</u> ; | Za Logistics LLC ited Liability Company | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of Amend | Iment and fee(s) are sub | mitted for filing. | |
| Please return all correspondence | concerning this matter | to the following: | |
| | | Jorge L Alvarez | Z |
| _ | | Lecho Za Logistics Firm/Company | |
| | | Hol penicy Lak | e cir |
| | | Cape Wrai, FL City/State and Zip Code | |
| Jorge@d | ispatchdoc.co E-mail address: (1 | to be used for future annual report notificat | iod) |
| For further information concern | ing this matter, please ca | all: | |
| Name of Person | - Alvarez | at (<u>917</u>) <u>602 86</u> Area Code Daytime Te | 683 Iephone Number |
| Enclosed is a check for the follo | owing amount: | | |
| □ \$25.00 Filing Fee □ \$ | S30.00 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 | | Street Address: Registration Section | |
| Division of Corpor P.O. Box 6327 | ations | Division of Corpor The Centre of Talla | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company (A Florida Limited Lia | y as it now appears on our records.) ability Company) |
|--|--|
| The Articles of Organization for this Limited Liability Company w Florida document number $\underline{L25000154535}$. | vere filed on 3/31/2025 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability Dispatch Doc LLC | _ _ |
| 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 applicable: | . 2 |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | 7 1) U [|
| Enter new mailing address, if applicable: | 3 0 |
| (Mailing address MAY BE A POST OFFICE BOX) | 21 32 |
| B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: | ddress on our records, enter the name of the new registe |
| agent and/or the new registered office address nere: | |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | Planida |
| | , Florida City Zip Code |
| 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 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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| Effective date, if other than the date of filing: | |
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| Signature of a mornber or authorized representative of a member | |

Filing Fee: \$25.00