

L 68 0000 60414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

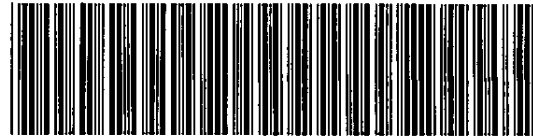
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MILWAUKEE, WISCONSIN

June 18, 2014

Greeting,

I hope all is well. I want the following to be change please. I want the address to be change for the principal address and the mailing address. The new address is 111 NE 1st Street, 3rd Floor Miami, FL 33132. I want my title to be change to MGRM. If you have any questions or concerns please call me at 786-506-2759. I want to thank you an advance for your collaboration.

Best Regards,

Mr. Daniello Laine

English Teacher

Somerset Academy Senior High School

Miami Northwestern Senior High School

BSW in Social Work

786-506-2759

"Education is the most powerful weapon which you can use to change the world." Nelson Mandela

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **DL Logistics Management Services 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:

Daniello Laine

Name of Person

DL Logistics Management Services LLC

Firm/Company

11701 North West 12th Avenue

Address

Miami, Florida 33168

City/State and Zip Code

Lainedanie@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniello Laine

Name of Person

at **786 506-2759**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DL Logistics Management Services LLC

(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 01/02/2008 and assigned Florida document number L08000000414.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

111 NE 1st Street, 3rd Floor Miami, FL 33132.

(Principal office address MUST BE A STREET ADDRESS)

This is for the principal address and the mailing address. ^

Enter new mailing address, if applicable:

Please indicate MGRM as my title.

(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:

Daniello Laine (MGRM)

New Registered Office Address:

11701 North West 12th Avenue

Enter Florida street address

Miami

City

Florida 33168

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Daniello Laine	11701 North West 12th Avenue	<input checked="" type="checkbox"/> Add
		Miami, Florida 33168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

TALLAHASSEE, FLORIDA
14 JUN 96
10 51 02

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

I want the address to be change for the principal

address and the mailing address.

The new address is 111 NE 1st Street, 3rd Floor Miami, FL 33132

I want my title to be change to MGRM.

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 6-18-2014 , _____ .



Signature of a member or authorized representative of a member

Daniello Laine

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

TALLAHASSEE, FLORIDA
16 JUN 2014 9:02
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