1110000 34362

Demotrius Loods (Requestor's Name)
725 Bigurd Pike D
(Address)
Ruskin FL 33570 (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200336037942

10/29/19--01016--023 **25.00

R. WHITE DEC 12 2019 2019 FEETH PH 3: 13

November 26, 2019

DEMETRIUS WOODS 2215 RICHWOOD PIKE DR RUSKIN, FL 33570

SUBJECT: D&D GLOBAL INDUSTRIES LLC

Ref. Number: L11000034362

We have received your document for D&D GLOBAL INDUSTRIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is incomplete. Please find enclosed and include the missing page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 319A00024181

2019 DEC | 2 | firth: 00

COVER LETTER

Division of Corpo	orations		
SUBJECT: D9 D	Global Iraust Name of Lim	Y(C5 LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Name of Person	
Firm/Company 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: Downety IJS Woods Name of Person at (613) 458-8456 Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$ \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee Certificate of Status Certified Copy Certified			
		Address	
	-	City/State and Zip Code	
SUBJECT: DQ D Global Transfyles 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: Name of Person	cation)		
For further information cor	ncerning this matter, please co	all:	
Dometrius Name of	Woods	at (<u>613</u>) 458 -	8456 Telephone Number
		•	•
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

1) and D. Global Indus- (Name of the Limited Liability Compa (A Florida Limited	2019 DTO 11 PH 3: 13 Any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L11000034362}{}$.	1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Hity Company," the designation "L.L.C." 401 E. Jack Son St Tampa F1. 33602
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2215 Richwood Pike Dr Ruskin Fl. 33570
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cuy 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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Wood, Demetrius	2215 Richwood Pike DR	Add
		Auskin, Fl 33570	☐ Remove
,			Change
CFO/AM	Mitchell, Shartel	923 Balaye Ricke Circle	
		TAMPA, FL 33619	□ Remove
·	1/		Change
litte Mange	el Kinsey, Aaron	401 & Jackson St	
		401 & Tackson St Swife 2340	Remove
		TAMPA, FL 33602	
			Add
			Remove
			☐ Change
			□ Add
			Remove
			Change
			🗆 Add
			🗆 Remove
			□ Chapus

•		
_		
-		
_		
-		
-		
_		
-	·	
_		
-		
_		
-		
_	<u> </u>	
-		
_		
	ve date, if other than the date of filing: (optional)	
	ective 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 605.03. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	
	ent's effective date on the Department of State's records.	us the
he red	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	of:
The	90th day after the record is filed.	
Dated	· · A	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00