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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | <u>-</u> |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
ANASSEE FLORIDA

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COVER LETTER

| | Registration Se Division of Cor | | | | |
|------------|------------------------------------|---|---|------------------------|---------------|
| SUBJEC | | D LOGISTIC LLC | | | |
| SUBJEC | · | Name of Limi | ited Liability Company | | |
| | | Amendment and fee(s) are sub- | - | | |
| | | ABDUVOSIT RAZIKOV | | | |
| | | | Name of Person | | |
| | | DM WORLD LOGISTIC | LLC | | |
| | | | Firm/Company | | |
| | | 8026 SUNPORT DRIVE, | SUITE 303 | | |
| | | ······································ | Address | ., | |
| | | ORLANDO, FL 32809 | | | |
| | | | City/State and Zip Code | | |
| | | dmw.logistic@gmail.com | | | |
| | | | to be used for future annual report | notification) | 五SE TO |
| For furthe | er information c | oncerning this matter, please ca | all: | | 品品力 |
| ABDUV | OSIT RAZIKO | V | 407 346-444 | 4 | 器12 |
| | Name o | f Person | | ytime Telephone Number | 22 PR |
| Enclosed | is a check for th | ne following amount: | | | TATE ORID |
| \$25.0 | 0 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | e of Status & |
| | | | | | |

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

| DM WORLD LOGISTIC LLC | | | |
|--|---------------------------------------|---|---------------------------------------|
| (Name of the Limite | d Liability Comp A Florida Limited | a <mark>ny as it now appears on our reco</mark> Liability Company) | ords.) |
| The Articles of Organization for this Limited Lia | | y were filed on 12/05/2012 | and assigned |
| This amendment is submitted to amend the follo | wing: | | |
| A. If amending name, enter the new name of | the limited lia | bility company here: | |
| DM WORLD LOGISTICS LLC | | | |
| The new name must be distinguishable and contain the wo | ords "Limited Liab | ility Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica | ıble: | N/A | · · · · · · · · · · · · · · · · · · · |
| (Principal office address MUST BE A STREE | T ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | N/A | SECRETA SECRETA |
| B. If amending the registered agent and/oregistered agent and/or the new registered of | or registered o fice address he | office address on our recor re: | rds, enter the hame of the |
| Name of New Registered Agent: | | | REF 6 |
| New Registered Office Address: | | Enter Florida street add | ress |
| | ODI ANINO | | |
| | ORLANDO | City | Florida 32809 Zip Code |
| | | Cay. | zip coac |

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

| MGR = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|----------------|--|
| <u>Title</u> | Name | <u>Address</u> | Type of Action |
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| ective date, if other than the d n effective date is listed, the date must be te: If the date inserted in this bloc cument's effective date on the Dep | ate of filing: be specific and cannot be prior to date of its does not meet the applicable status artment of State's records. | lling or more than 90 days after tili tory filling requirements, this da | al) ing.) Pursuant to 605.0207 (3)(4 ate will not be listed as the |
| record specifies a delayed (he 90th day after the recor | effective date, but not an efford is filed. | ective time, at 12:01 a.m | n. on the earlier of: |
| OCTOBER 21 | , 2016 | | SEC |
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Page 3 of 3

Filing Fee: \$25.00