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COVER LETTER

ision of Cor	porations		5	
GRANTTE	ART MASTERS LLC			
	Name of Lim	ited Liability Company		
Articles of	Amendment and fee(s) are sub	mitted for filing.		
all correspo	ndence concerning this matter	to the following:		
	SHADI BADRAN			
		Name of Person		
	iTax Financial Group LLC			
Firm/Company				
	2960 Vineland Rd. Ste E			
Addms3				
	Kissimmee, FL 34746			
	GREENSHADI@GMAIL.	City/State and Zip Code		
			eport notification)	
nformation c	oncerning this matter, please ca	all:		
DRAN		407 597	7 - 0507	
Name o	î Person	Area Code	Daytime Felephone Number	
check for th	ae following amoust:			
iting Fac	EF \$50.00 Filing Fee & Certificate of Status	ID St/S.Or Fi log Fee & Certified Copy (acdinoral copy is encl	Certificate of Status & Certified Copy	
	Articles of all corresponding all corresponding to the corresponding to	Articles of Amendment and fee(s) are subtailed all correspondence concerning this matter. SHADI BADRAN Tax Financial Group LLC 2960 Vineland Rd. Ste E Kissimmee, FL 34746 GREENSHADI@GMAIL. E-mail address: (mformation concerning this matter, please concerning this matter, please concerning this matter. The same of Person a check for the following amount: Ting Fac. 12 \$50.00 Piling Fee &	Articles of Amendment and feets) are submitted for filing. I Articles of Amendment and feets) are submitted for filing. I all correspondence concerning this matter to the following: SHADI BADRAN Name of Person (Tax Financial Group LLC) Firm/Company 2960 Vineland Rd. Ste E Address Kissimmee, FL 34746 City/State and Zio Code GREEN SHADI/@GMAIL.COM E-mail address: (to be used for future animal) and concerning this matter, please call: DRAN Area Code Acted Code Acted Code City/State and Zio Code GREEN SHADI/@GMAIL.COM E-mail address: (to be used for future animal) and (1) Name of Person Acted Code Certificate of Status Certificate Code Certificate of Status Certificate Code	GRANTE ART MASTERS LLC Name of Limited Liability Company I Articles of Amendment and feets) are submitted for filing. all correspondence concerning this matter to the following: SHADI BADRAN Name of Particl Firm/Company 2960 Vineland Rd, Ste E Address Kissimmee, FL 34746 Chy/State and Zip Code GREEN SHADI@GMAIL.COM Benefit address: to be used for future animal report northeaton, offermation concerning this matter, please call: DRAN 407 397 - 0507 Area Code Daytime Telephone Number i check for the following aniousit: Ding Fee 22 \$50.09 Filing Fee & CL \$55.00 Filing Fee & Certificate of Status Certificate of Status

MAILING ADDRESS:

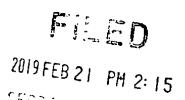
TO:

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 Fullahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GRANITE ART MASTERS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

EL 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5 and assigned	
Florida document number 1.15000135724			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
DLE LOGISTICS LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	on "E.r.C" or the abbreviation "E.L.C"	
Enter new principal offices address, if applicable:	5506 Metrowest Blvd. Apt. 310		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	<u>:</u> :		
registered agent and/or the new registered office address here Name of New Registered Agent:	<u>:</u>	records, enter the name of the ne	
registered agent and/or the new registered office address here	<u>:</u> :	records, enter the name of the ne	
Name of New Registered Agent: New Registered Office Address:	2: Enter Florida stree	records, enter the name of the ne	
Name of New Registered Agent: New Registered Office Address:	2: Enter Florida stree	records, enter the name of the ne	
Name of New Registered Agent: New Registered Office Address:	2: Enter Florida stree	records, enter the name of the ne	

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 at or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
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			01/2019			
L. Effect	tive date, if other than the d Fective date is listed, the date must b	ate of filing:	t be prior to date	of tiling or more tha	(optional) m 90 days after filing V	Purcuant to 605 0207 (3)
Note:	If the date inserted in this bloc	k does not meet the	e applicable st	atutory filing requ	irements, this date w	ill not be listed as the
docun	nent's effective date on the Dep	partment of State's	records.			
	cord specifies a delayed		but not an e	effective time,	at 12:01 a.m. o	n the earlier of:
(b) The	e 90th day after the recor	rd is filed.				
	FERRITARY 18TH	2011	υ.			
Dated	FEBRUARY 18TH					
		Turcon.				
		ignature of a member	r or authorized r	provocantative of a m	amhae	
	3/	ignature of a member	or addiosized f	opresentative of a m	temoer	
	DENIS TURCAN					
		Typed	or printed name	of signee		

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

Page 3 of 3

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