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COVER LETTER

TO: Registration Solution of Co			
DILIA WE	IOLESALE & MULTISERVIC	CES, LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	EDILIA LOUIS		
		Name of Person	
	DILIA WHOLESALE & M	MULTISERVICES, LLC	
		Firm/Company	
	8135 NW 21th Street		
	-	Address	
	SUNRISE, FL 33322		
	CDILLAL OUISITI @CMA	City/State and Zip Code	
	EDILIALOUIS471@GMAI E-mail address: (t	to be used for future annual report notification)	
For further information of	concerning this matter, please co	all:	
EDILIA LOUIS		954 471-2632	
Name o	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy	Status &
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee.	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DILIA WHOLESALE & MULTISERVICES		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 01/08/2018	and assigned
Florida document number L18000007231	_ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
DILIA EXPRESS EXPORT, LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		2021
(Principal office address MUST BE A STREET ADDR	ESS)	
		<u> </u>
		-
Enter new mailing address, if applicable:		TO CO
2.		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floric	
	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>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			🗆 Remove
			□Change
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Effective date, if other th	an the date of filing	02/28/2024 g:		(optional)	
(If an effective date is listed, the c Note: If the date inserted in	this block does not n	neet the applicable	statutory filing requ	n 90 days after filing.) Pi irements, this date wi	arsuant to 605.0207 (3 II not be listed as th
document's effective date or	the Department of S	state's records.			
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he record specifies a delayed or ord is filed.	rrective date, but not	an effective time,	a 12:01 a.m. on the	earner or. (b) The 9	our day after the
CCDDUARY 20		2021			
Dated FEBRUARY 28		2024			
4					
	Signature of a r	member or authorized	representative of a m	ember	
EDILIA LOUIS					
EDIEM EOOIS		Typed or printed na			

Filing Fee: \$25.00