Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000151772 3)))



HO10001517723ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

: ar	inual report mailings. Enter only one email addre	ss please.**
******	the email address for this business entity to be	used for future
	· ·	
	Phone : (407)932-0040 Fax Number : (407)520-5473	
	4.4-1.000 0040	· ·
	Account Name : RC TAX SERVICE LLC Account Number : I20140000083	്. ത
From:	Account Name : RC TAX SERVICE LLC	2021 APR 1
	Fax Number : (850)617-6383	
	Division of Corporations	· · · · · · · · · · · · · · · · · · ·

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN D & A LOGISTICS US LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



COVER LETTER

Div	vision of Corp	porations			
	D&ALOG	HISTICS US LLC			
SUBJECT:	•	Name of Limi	ted Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclose	d Articles of A	Amendment and fee(s) are sub	nitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		DEYBI LARGACHA			
			Name of Person		20
		D & A LOGISTICS US LI	.c		2021 APR
			Firm/Company		
		639 CHADBURY WAY			6 P
		·	Address		
		KISSIMMEE, FL 34744			
			City/State and Zip Code		
For firther	information c	e-man address: (to be used for future annual report not all:	arcadon)	
	RGACHA	,,	407 468-1122		
	Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is	a check for the	he following amount:			
	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
R	Sailing Address egistration (Street Address: Registration So Division of Co		
P.	.O. Box 632	27	. The Centre of	Tallahassee	.
T	allahassee,	FL 32314	2415 N. Monro Tallahassee, F	oe Street, Suite 8 L 32303	310

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

D & A LOGISTICS US LLC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	ppears on our records.)
The Articles of Organization for this Limited Liability Company were filed on	n 04/09/2018 and assigned
T 18000088560	
Florida document number L18000088560	
his amendment is submitted to amend the following:	
L If amending name, enter the new name of the limited liability compan	ny here:
	20
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
The new native must be distinguishable and contain are words.	· · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:	
-	6
Principal office address MUST BE A STREET ADDRESS)	Jil
m on the Marketon	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on o	our records, enter the name of the new regis
B. It amending the registered agent and/or registered office address on a agent and/or the new registered office address here:	<u> </u>
are and the state of	•
Name of New Registered Agent:	
New Registered Office Address:	·
New Registered Office Address. Ente	er Florida street address

	, Florida Zip Code
City	Zip Code

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>	Name	Address	Type of Action
MGR	ALEJANDRO RAMOS	2137 ISLAND WALK DR	DAdd
		ORLANDO, FL 32824	■Remove
			Change
			Add
			Remove
			The Change
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			Change

•							!		
		•					_	1	
							_		
							-		
			-	•				-	
								· 	
						 .		202!	
							· .	!! /\PR	—]
			 				<u>≯:</u> -\$	- R - G	
		•					<u>)</u>	- 	<u>;</u>
	 .	· 	·				ics E:		, ,
					-		Fi	<u>0</u>	
							-		
			-				· 		
						_			
fective date, if other an effective date is listed to the date in the date in the date in the determinent's effective of the date.	ed, the date must be sp rited in this block d	ecific and c oes not me	annot be prior tet the application				ling.) F		
ecord specifies a de is filed.	layed effective date	, but not a	n effective ti	ne, at 12:01 a	m, on the earl	ier of: (b)	The 9	90th day	after th
.ted <u>04</u> -	- 12	· · · · · · · · · · · · · · · · · · ·	2021						
	Dey	(bi	larg	acha	tive of a memb	Dr.			
	بهدينانج	TUTE OF 3 TW	ውምንኮንውድ ሰታ ጋነኝነውን	TITEL LEDIESECT	יייישות בודם שעוון				

Filing Fee: \$25.00