

L18 000 108 162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

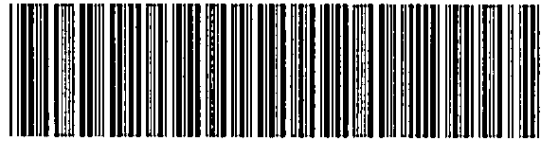
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FILED

2022 JUL -7 PM 5:36

N/C & Amend

16/04/22

De



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2022

KRYSTAL QUEEN  
3103 AVENUE M  
FORT PIERCE, FL 34947

SUBJECT: DELVA TRANSPORTATION LLC  
Ref. Number: L18000108162

We have received your document for DELVA TRANSPORTATION LLC and your check(s) totaling \$10.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file the amendment is \$25.00.

There is a balance due of \$15.00.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 922A00008757

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Delva Transportain and Logistics 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:

Krystal Queen  
Name of Person

Delva Transportation and Logistics LLC  
Firm/Company

3103 Ave M  
Address

Fort Pierce FL 34947  
City/State and Zip Code

kqueenrealty@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erick Delva at ( 786 ) 991-7888  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
200 E. Park Ave.  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Delva Transportation LLC

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

The Articles of Organization for this Limited Liability Company were filed on 3-16-2022 and assigned Florida document number LI5000108162.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Delva Transportation and Logistics, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3103 Ave M

Fort Pierce FL 34947

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 our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Kristal Queen

New Registered Office Address:

3103 Ave M

Enter Florida street address

Fort Pierce

City

Florida

34947

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.*

Kristal Queen

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>	<u>Type of Action</u>
<u>mgr</u>	<u>Krystal Queen</u>	<u>3103 Ave M Fort Pierce FL</u> <u>34947</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>mgr</u>	<u>Erick Delva</u>	<u>3103 Ave M Fort Pierce, FL</u> <u>34947</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 16 2022

## Krystal Queen

Signature of a member or authorized representative of a member

## Crystal Queen

Typed or printed name of signee