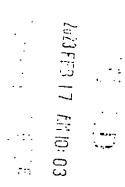
## L19000108162

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
・ ಕರ Copies Certificates of Status
ectal Instructions to Filing Officer:

Office Use Only



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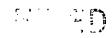
## **COVER LETTER**

Registration Section Division of Corporations

BJECT: D	elva Transpirt	ation and Logistics	LLC
	Name of	Limited Liability Company	
inclosed Articl	es of Amendment and fee(s) are	submitted for filing.	
e return all cor	respondence concerning this ma	itter to the following:	
	Erick D	Name of Person	
		Name of Person	
	Delva Tran	Spartation and Log	istice LLC
	3103 Avenue	- <b>M</b> Address	
		, toutess	
	Fr. Pierce F	City/State and Zip Code	
		city/state and Zip Code  city/state and Zip Code  city/state and Zip Code  city/state and Zip Code  city/state and Zip Code	
further informa	tion concerning this matter, plea		
Erick De	100	at ( <u>786</u> ) <u>991</u> Area Code Daytii	7886
	ame of Person	Arca Code Daytii	ne Telephone Number
Cased is a check	for the following amount.		
\$25,00 Filing F	ce 💢 \$30.00 Filing Fee & Certificate of Statu	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ion Section of Corporations	Street Address: Registration Se Division of Co The Centre of	rporations
	see, FL 32314		be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION STORY OF



Dela Transpariation (Name of the Limited Lia (A Fic	<u>ibility Company a</u> orida Limited Liabi	<u>s it how appears or</u> hty Company)	our recor	<u>ds.</u> )	137,36
Articles of Organization for this Limited Liability Company were filed on 2-17-23				and assigned	
ida document number <u>L180.0108162</u>					
umendment is submitted to amend the following	<u>;</u> :				
f amending name, enter the new name of the	limited liability	company here:			
Delva Transportation LL tew name must be distinguishable and contain the words	C				
ter new principal offices address, if applicable: [ncipal office address MUST BE A STREET ADDRESS]		3103 Avenue m			
ncipal office address MUST BE A STREET AL	DDRESS) (	act Pierce	FL	34947	)
f amending the registered agent and/or registon of and/or the new registered office address her		ress on our reco	rds, <u>enter</u>	the nam	e of the new regi
	rick De	lva	<u> </u>		
Name of New Registered Agent:	103 Ave	nae m			÷
		Enter Florida .			
New Registered Office Address: 3					
New Registered Office Address: 3			, Fl	orida	39997
New Registered Office Address: 3	t Pirece	Сиу	, Fl	orida	34447 Zip Code
New Registered Office Address: 3	ered Agent:	Cuy			

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

\text{IBR} = Authorized Member

<u>'c</u>	<u>Name</u>	Address	Type of Action
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		Por ST Lucie FL, 34947	DRemove
			□Change
			□Add
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<u>ote:</u> If the da	if other than the date is listed, the date must be s e inserted in this block d etive date on the Depart	loes not meet the	: applicable statu	filing or more than tory filing require	(optional) O days after filing, ements, this date	Pursuant to 605.02 Will not be listed	207 as
ecord specifi is filed.	s a delayed effective date	2. but not an effe	ective time, at 12	:01 a m. on the ea	urlier of: (b) Th	e 90th day after tl	he
ned <u>2-17</u>	· .	. 2	<u>°23</u>				
		^					
	tunto	$\Omega$					
	Euch Signs	nure of a member	or authorized repr	esentative of a mer	ıber		