

L18 000 158518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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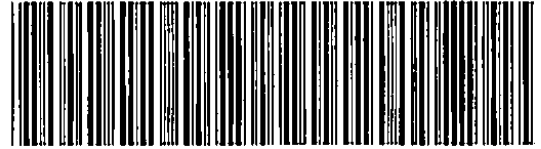
(Business Entity Name)

(Document Number)

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JUN 29 2020

AUG 12 2020

S. YOUNG

2020 JUN 29 AM 6:55

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DELUXE PORT SERVICES, 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:

Stefan Berry-Littles

\_\_\_\_\_  
Name of Person

Deluxe Port Services, LLC

\_\_\_\_\_  
Firm/Company

10418 New Berlin Rd, Ste 204

\_\_\_\_\_  
Address

Jacksonville, FL 32226

\_\_\_\_\_  
City/State and Zip Code

dpslogistics18@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stefan-Berry-Littles

904

214-2495

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

DELUXE PORT SERVICES, LLC

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

2020 JUN 29 AM 6:03

The Articles of Organization for this Limited Liability Company were filed on June 28, 2018 and as  
Florida document number L18000158518.

This amendment is submitted to amend the following:

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

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

**Enter new principal offices address, if applicable:**

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

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **Florida**

*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 com  
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi  
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc  
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabi  
company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Age**

[illegible]

