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## **COVER LETTER**

TO: Registration S Division of Co			
D & V Tm	nslogistics, LLC		
SUBJECT:			
	Amendment and fee(s) are sub ondence concerning this matter		
	Diler Vasquez		
		Name of Person	
		Firm/Сопрапу	
	3490 Foxeroft Rd B 306		
		Address	
	Miramar / FL / 33025		2
	dilervasquez@gmail.com	City/State and Zip Code	cation)
For further information	E-mail address: concerning this matter, please of	to be used for future annual report notificall:	cation)
Diler Vasquez		786 6569642	
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of OP.O. Box 63	Section Corporations 27	Street Address: Registration Section of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations illahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D & V Translogistics, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) [Liability Company]	<del></del>
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on 01/06/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Diler Solutions, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		202
A. If amending name, enter the new name of the limited liability  Diler Solutions, LLC  The new name must be distinguishable and contain the words "Limited Liability Contains the new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  M  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 agent and/or the new registered office address here:  Name of New Registered Agent:	3490 Foxcroft Rd Apto B 306	<u>_</u>
	Miramar, FI 33025	4
		-1
Enter new mailing address if applicable:		
, ,,		9.
maning address may be a rost of rice box		U U
New Registered Office Address:		
rew registered Office Address.	Enter Florida street address	ilorida street address , Florida Zip Code s capacity. I further agree to comply with to
	, Florida _	
	Ciŋ <sub>'</sub>	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agree rovisions of all statutes relative to the proper and complete peccept the obligations of my position as registered agent as procing filed to merely reflect a change in the registered office acompany has been notified in writing of this change.	erformance of my duties, and I am ovided for in Chapter 605, F.S. Or	familiar with and , if this document is
	g Registered Agent, Signature of New Re	gistered 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>	Address	Type of Action
	<del></del>		□Add
			□Remove
			Change
			202e
	<del> </del>		
			☐Remove ☐ ☐ ☐Changé→
	•		
			□Remove
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Note:	five date, if other than the date of filing:  [Tective 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 60.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	5.0207 ted as
reco d is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after iled.	er the
_	08/27/2023	
)atec		
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Filing Fee: \$25.00