L20 000319725

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COVER LETTER

TO:

Tallahassee, FL 32314

	legistration Solivision of Co.			
SUBJECT	Dean Diffe	crent Views "DDV" Logistics I	LLC	
SUBJECT	·	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ırn all correspo	ondence concerning this matter	to the following:	
		John Dean		
			Name of Person	
		Dean Different Views "DI	DV" Logistics	
			Firm/Company	
		18943 SW 319TH ST.		
			Address	
		Homestead,FL 33030		
			City/State and Zip Code	
		deanlogisticsllc@gmail.cor		
For further	information c	e-mail address: (to be used for future annual report no all:	tification)
John Dean	ı		305 7965478	
	Name o	l'Person	at () Area Code Daytii	ne Telephone Number
Enclosed is	s a check for th	ne 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)
	ailing Addres		Street Address:	notion
Registration Section Division of Corporations			Registration Se Division of Co	
	O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dean Different Views "DDV" Logistics LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on October 09, 2020	and assigned
Florida document number L20000319725	<u>_</u> .	S. S.
This amendment is submitted to amend the following:		2
A. If amending name, enter the new name of the limit	ted liability company here:	
Dean Logistics L.L.C.		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- the second sec	
(Principal office address MUST BE A STREET ADDR.	ESS)	
		,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	ss
		lorida
	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 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 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>	Type of Action
MGR	John Dean SR.	18943 SW 319TH ST	□Add
		Homestead ,FL 33030	□Remove
			= Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Note: If the da	ate inserted in t	in the date of ate must be specif this block does the Departmen	not meet the	applicable s	of filing or mor tatutory filing	(op e than 90 days af requirements, 1	otional) fer filing.) Pursua his date will no	int to 605.020 of be listed as
e record specif rd is filed.	ies a delayed el	ffective date. bu	ut not an effe	ective time, al	. 12:01 a.m. or	the earlier of:	(b) The 90th	day after the
Octobe Dated	r 26		· 2020) 				
	V	*	MA					

Filing Fee: \$25.00