

L21000019500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

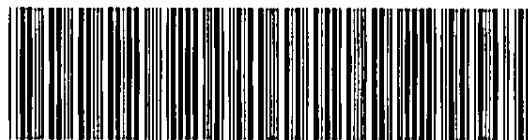
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000373164450

10/18/21--01043--002 **25.00

10/27/21

T.A.S

2021 OCT 18 AM 8:36
SECRETARY OF STATE
TALLAHASSEE FL 32307

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: DKD LOGISTICS LLC

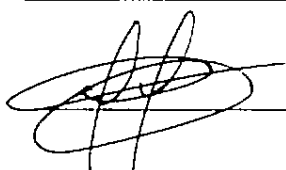
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronald Hoffman

Name of Person



DKD LOGISTICS, LLC

Firm/Company

9321 Jasmine Flower Lane

Address

Orlando, FL 32832

City/State and Zip Code

dkdlogisticsfl@hotmail.com

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

For further information concerning this matter, please call:

Diana Hernandez Ortiz

786
at ()

4864922

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**

DKD LOGISTICS 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 01/06/2021 and assigned
Florida document number L21000019500

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.L.C."

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Diana Hernandez Ortiz

New Registered Office Address:

9321 Jasmine Flower Lane.

Enter Florida street address

Orlando

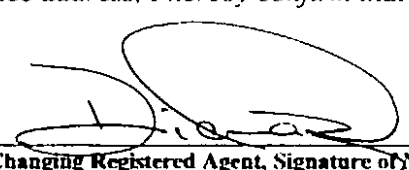
Florida 32832

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 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>
MGRM	Ronald Hoffman	1317 Edgewater Dr Suite #1564	<input type="checkbox"/> Add
		Orlando, Fl. 32804	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Diana Hernandez Ortiz	9321 Jasmine Flower Lane.	<input checked="" type="checkbox"/> Add
		Orlando, Fl. 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 OCT 12 AM 10:30
SEALING OFFICE
TALLAHASSEE, FLORIDA

Please, add FEI/EIN number assigned: 86-1709408 to our information on sunbiz website.

2021 OCT 18 AM 8:36
SECRET
MAIL ROOM
SECURITY FIELD DIV

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00