

h21 000151514

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

43/20/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dynamite 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:

Gwenette Boddie
Name of Person

Dynamite Logistics LLC
Firm/Company

1820 Odiorne Point Lane
Address

Wesley Chapel FL 33543
City/State and Zip Code

boddie.gwen@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gwenette Boddie at (813) 743-2701
Name of Person Area Code Daytime Telephone Number

21 JUN 25 PM 11:52
TALLAHASSEE, FL 32303

FILED

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**

Dynamite 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 04-01-2021 and assigned Florida document number L21000151514.

This amendment is submitted to amend the following:

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

NA

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:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(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:

Gwinette Boddie

New Registered Office Address:

1820 Odiorne Point Lane

Enter Florida street address

Wesley Chapel

City

Florida

33543

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.

Gwinette Boddie

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>
MGR	Rushad Sutton		<input type="checkbox"/> Add
		1820 Odienne Point Ln, Wesley Chapel FL 33543	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sholonda C. Garrett		<input type="checkbox"/> Add
		1820 Odienne Pt Ln Wesley Chapel FL 33543	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ricardo N. Garrett		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1820 Odienne Point Lane, Wesley Chapel FL 33543	<input checked="" type="checkbox"/> Change
AMBR	Ricardo N. Garrett		<input type="checkbox"/> Add
		1820 Odienne Point Lane, Wesley Chapel FL 33543	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2025

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
(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, this date will not be used as the filing date for determining filing requirements.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

SECRET
FALLAH
21 JUN 65
URGENT TO 005.0207 (3)
WILL NOT BE FORWARDED AS THE
90th day after the

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.

Dated June 18th 2021

Wm Boddie

Signature of a member or authorized representative of a member

Gwinette Boddie

Typed or printed name of signee

Filing Fee: \$25.00