W21000164996

((Requestor's Name)	
·	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
-	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Statu	/s
Special Instructions	to Filing Officer:	
	Office Use Only	



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COVER LETTER

TO: Re Div	gistration Sect vision of Corpo	ion orations		
	DPM 0173 L	LC		
SUBJECT:		Name of Limite	ed Liability Company	
The enclose	ed Articles of A	mendment and fee(s) are subm	itted for filing.	
		dence concerning this matter to		
		DIOLEXIS PEREZ MIYAF	RES	
			Name of Person	
			Firm/Company	
		11531 SW 90TH TER		
			Address	
		MIAMI FL. 33176		
			City/State and Zip Code	
		diolexisperez73@gmail.con	o be used for future annual report no	tification)
For further	r information c	E-mail address: (to oncerning this matter, please ca		,
	IS PEREZ MIY		786 8302339	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	S30.00 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 Addre Registration	ss: Section	Street Address: Registration S	Section _
	Division of C	Corporations	Division of C The Centre of	orporations CTallabassee
	P.O. Box 63: Tallahassee.		2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DPM 0173 LLC		
(Name of the Limited Liability (A Florida)	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co		and assigned
lorida document number <u>L21000164996</u>		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limit	ted liability company here:	
CDJ LOGISTICS LLC		at attendades "I I C"
CDJ LOGISTICS LLC The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or	the appreviation (Lance)
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	<u> </u>	
		1:22
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Maning address WAT DE A FOST OF LOSS		**************************************
	anter th	co
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter tw</u>	i yer
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	
	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>	Address	Type of Action
MGR	Claudia A. Romero	11531 SW 90th Ter. Miami Fl. 33176	■Add
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			□Change
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		01/01/20	22		(optional)	
Effective date, if other than fan effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specifie s block does t	e and cannot be proportional income and the company of the company	licable statut	ling or more than ory filing requir	00 days after filing ements, this date	g.) Pursuant to 6 e will not be l	605.020 listed a
e record specifies a delayed efford is filed.	ctive date, bu	t not an effectiv	e time, at 12:	01 a.m. on the e	arlier of: (b) T	'he 90th day a	ufter the
Dated		2022					
Dated							
				. <u></u>			-
	Signature	of a member or a	uthorized repr	esentative of a me	inber		

Filing Fee: \$25.00

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		01/01/2022		_ (optional)	_
E. Effective date, if other (If an effective date is listed Note: If the date inserdocument's effective d	t, the date must be specific	of meet the applicab	date of filing or more than 90 de statutory filing requirem	(optionar) days after filing.) Pursuant to 6 ents. this date will not be l	05.0207 (3) isted as the
If the record specifies a del	aved effective date, but	not an effective tim	e, at 12:01 a.m. on the earl	ier of: (b) The 90th day a	fter the
record is filed.		2022			
Dated		Mais			-
	Signature	of a member or author	ized representative of a memb	er	
		' '			

Filing Fee: \$25.00