

L21000165195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

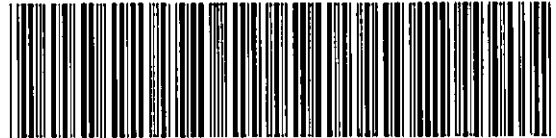
Certificates of Status _____

Special Instructions to Filing Officer:

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MAR 4 2022

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: De D Logistics, Pondich, 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:

Terrance Dickey
Name of Person

De D Logistics, Pondich, LLC
Firm/Company

P.O. Box 13252
Address

Tallahassee, FL 32317
City/State and Zip Code

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

For further information concerning this matter, please call:

Terrance Dickey at (850) 404-3013
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

D&D Logistics, Pontiac, 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 April 9, 2021 and assigned Florida document number 221000165195

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:

TERENCE DICKLEY

New Registered Office Address:

P.O. Box 13252

Enter Florida street address

Tallahassee

City

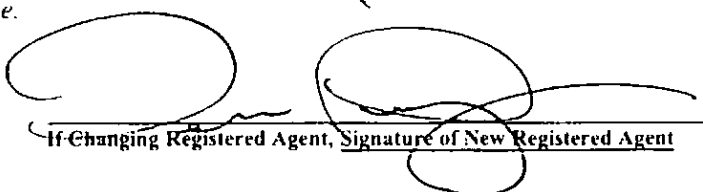
Florida

32319

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>
MGR	Debra J. Griffin	P.O. Box 13252	<input type="checkbox"/> Add
		Tallahassee, FL 32317	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Terrance Dickey	P.O. Box 13252	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Debra J. Griffin	P.O. Box 13252	<input type="checkbox"/> Add
		Tallahassee, FL 32317	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Terrance Dickey	P.O. Box 13252	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32317	<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

[illegible]

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.

ord is filed.

Dated 12 February 27, 2022 / 11

Debra J. Griffin

Typed or printed name of signee

Filing Fee: \$25.00