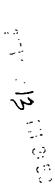
L21000346204

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	_ ·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	_
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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PEDEM

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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2021

DESLEY LICORISH 2232 WOLF RD. ORLANDO, FL 32808

SUBJECT: DTL LOGISTICS LLLC Ref. Number: L21000346204

We have received your document for DTL LOGISTICS LLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 821A00020528

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Ulimited Liability Company (A Florida Limited Lia	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company w	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability"	
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 adeagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent: Daniel	le Im Brizan-Giorish
New Registered Office Address:	Enter Florida street address
	, Florida
Now Degistered Agentle Signature of showing Degles 14	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Co

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.

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
AMBR	Danielle Licorish	2232 Wolf Rd @	□Add
		Orlando 71 32808	□Remove
			⊠Change
AMBR Dinielle T	Danielle T Licorish	2232 Wolf Rd	□Add
		Orlando 21 32808	
			□ Change
			□Add
			□Remove
			□Change
			□Add
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Note:	ive date, if other than the date of filing: 8/7/21 (optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
he recor	rd 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 led.
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member