L22000526814

(Re	equestor's Name)	
(Ād	ddress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

	vision of Co		·		
SUBJECT	DLM TRA	DLM TRANSPORTERS LLC			
		Name of Lin	nited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please retur	n all correspo	ondence concerning this matter	to the following:		
		DANILO LIMA MARTIN	48		
		<u></u>	Name of Person		
		DLM TRANSPORTERS	LLC		
			Firm/Company		
		13618 TORTONA LN AP	ፕ 4207		
			Address		
		WINDERMERE, FL 3478	36		
			City/State and Zip Code		
		ADMIN@DLMTRANSPO			
			to be used for future annual report notification)		
For further i	nformation c	oncerning this matter, please c	all:		
DANILO L	IMA MARTI	INS	321 666-1927at () Area Code Daytime Telephone Number		
	Name of	f Person	Area Code Daytime Telephone Number		
Enclosed is	a check for th	ne following amount:			
□ \$25.00 i	Filing Fee	\$30.00 Filing Fec & Certificate of Status	(additional copy is enclosed) Certified C	of Status &	
Re Di P.(D. Box 632	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee		
Ta	llahassee, F	FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	0	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DLM TRANSPORTERS LLC		
(Name of the Limited Liability Comr (A Florida Limited	pany as it now appears on our reco Liability Company)	rds,)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L22000526814</u>	y were filed on 12/16/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2021
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Aid
		æ
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new registered
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street addr	ess
		Torida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, o provided for in Chapter 605	and I am familiar with and , F.S. Or, if this document is
: ICCh.	onging Pegistered Agent Signature	of New Decistered 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>	Name	Address	Type of Action
MGR	HEILY IRETA	7929 TROPICANA ST, MIRAMAR, FL 33023	
			□Remove
		 	□ Change
MGR ALBERT GONZALEZ	ALBERT GONZALEZ	5550 SW 67TH TER, DAVIE, FL 33314-0000	= Add
		□Remove	
			CChange
			DAdd
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	
_	
Effective If an effect Note: If documen	e date, if other than the date of filing: ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
e record s rd is filed	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
Dated _	INDERMERE, FL 12/09/2024
	Signature of a member or authorized representative of a member
	DANILO LIMA MARTINS
	Typed or printed name of signee

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