## L 2 3 0 0 0 1 9 7 4 7 5

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	·· <u></u> ·
(Ci	ty/State/Zip/Phone	e #)
	_	
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
aposial mandadions to	· imig officer.	
1		
wrong	MM)	
O()	o 1. o.	



200421744492

01/18/24--01022--015 \*\*52.50

2924 FEB 29 FG 2: 10

MAR 20 == S. PRATHER



February 7, 2024

3DH LOGISTICS, LLC TONYSBEL CALERO ALVAREZ 5022 HEADLAND HILLS AVE TAMPA, FL 33625

SUBJECT: 3DH LOGISTICS LLC Ref. Number: W24000021441

We have received your document for 3DH LOGISTICS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 124A00002761

Stacy Prather Regulatory Specialist III

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 3DH Logistics 1/c Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Tonyshel Calero Alvaros
30H LOGISTICS 1/C
5022 Headland Hills Hul
TAMPA, FL 33625.  City/State and Zip Code
E-mail address. (to be used for future annual report notification)  For further information concerning this matter, please call:
Tonyssel Cale Ro Alvaers at (813), 297 2730  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
14 \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)    Certified Copy (additional copy is enclosed)   Certified Copy (additional c
Mailing Address:  Paristration Section  Registration Section

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

3DH Logistics /	lc 数 m
(Name of the Amited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000 1974</u> 75	were filed on $04/21/2023$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Tampa, fl 33625
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5022 Headland Hills Ave TAMPA, FL 33625
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: DIAV	na. Hernandez
New Registered Office Address: 50.23	2 Headland Hills AVL Enter Florida street address
	AmpA, Florida 33625

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

Address Title: Type of Action Name | OWNER Tonystel Calero Alvaroz 5022 Hoadland Hills Ave BAdd TAMA, FL 33625 DRemove Leyner Rodriguez 1431 Simpson RD DANG KISSIMMEE, FL 34 744 Wemove \_\_\_\_\_ □Change ☐ Change \_\_\_\_\_ □Remove \_\_\_\_\_ □Change □Remove

					· · · · · ·	-
				· · · · · · · · · · · · · · · · · · ·		_
<del>.</del>						_
	<del></del>	<del></del>			<del> </del>	-
					<u>.</u>	_
		· <del></del>			<del></del>	-
* · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·	_
. —	<del></del>					-
						_
					<del>. ,</del>	-
						_
						_
						-
					•	_
					<u> </u>	-
an effective date is listed <u>ofe:</u> If the date insert	er than the date of fi , the date must be specific led in this block does nate on the Department of	and cannot be prior to of meet the applicab	date of lifting or more	than 90 days after fib	ng.) Pursuant to 60	)5.020 sted a
record specifies a dela is filed.	ived effective date, but	not an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day aft	er the
			,			
	<u></u>			/	₩	_
ated					<u> </u>	#20)
ated			<del>4</del> <del>1</del>			
ated	Signature c	of a member or authori.	zed representative of	a member	<del></del>	2029 FED 7.0

Filing Fee: \$25.00