

(((H23000208626 3)))



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COVER LETTER

(((H23000208626 3)))

TO: Registration So		•	
	DEFY I	ogistics, llc	8
SUBJEČT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	····
		Firm/Company	
	17350 STATE HWY 249 :		
		Address	
	HOUSTON TX, 77064		
	ETH F122 (CVNCTH F CO	City/State and Zip Code	
	EFILE1234@INCFILE.CO E-mail address: (N) to be used for future annual report notified 	ration)
For further information c	concerning this matter, please ca	all:	
LOVETTE DOBSON		1 888-462-	-3453
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for ti	he following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 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 Addres Registration (<u>Street Address:</u> Registration Sect	ion
Division of C	orporations	Division of Corp	orations
P.O. Box 632 Tallahassee, I		The Centre of Ta 2415 N. Monroe	

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT

ANTICEES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(** Forma Emmed Endothly Company)
The Articles of Organization for this Limited Liability Company were filed on and assigned
Florida document numberL23000267729
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:
Name of New Registered Office Address:
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code

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: (((H23000208626 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Carlos Mario Flores	2452 West 54th Place	■Add
		Hialeah, FL 33016	□Remove
			□Change
<u></u>			□Add
			□Remove
			□Change
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ment consistence of the collections			12.01				
ord specifies a delayed effect filed,	ve date, our no	an effective ti	inte, at 12:01	a.m. on the ea	rlier of; (b)	The 90th day after	the
June 9th ed		2023					
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