

**L2300030145**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H230002624983ABC3

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : PETERSON & MYERS PA  
Account Number : 120080000078  
Phone : (863)683-6511  
Fax Number : (863)688-8099

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: clay@lattmaxcy.com

RECEIVED

2023 JUL 27 PM 4:53

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DIVERSIFIED FREIGHT MANAGEMENT AND LOGISTICS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2023 JUL 27 PM 4:53

Jul. 27. 2023 5:03PM

No. 1925 P. 2

DocuSign Envelope ID: 06598D44-DB0B-4265-B1BB-3DF3543E1812

**COVER LETTER**

(((H230002624983)))

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Diversified Freight Management and Logistics, 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:

David A. Miller

\_\_\_\_\_  
Name of Person

Peterson & Myers, P.A.

\_\_\_\_\_  
Firm/Company

225 East Lemon Street, Suite 300

\_\_\_\_\_  
Address

Lakeland, Florida 33801

\_\_\_\_\_  
City/State and Zip Code

clay@lattmaxey.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David A. Miller

863 683-6511

\_\_\_\_\_  
Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25. 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 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

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Jul. 27. 2023 5:04PM

No. 1925 P. 6

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**CONSENT TO  
USE OF NAME**

July 10, 2023

Department of State  
for the State of Florida  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

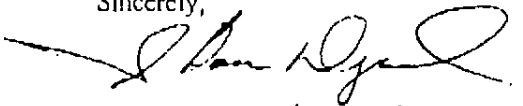
RE: Diversified Freight Management, LLC

Dear Sir/Madam:

Southeast Milk, Inc., as the sole Member and sole Manager of Diversified Freight Management, LLC, authorized the filing of Articles of Dissolution for Diversified Freight Management, LLC, a Florida limited liability company, having document number L23000025258.

This letter confirms that Southeast Milk, Inc., on behalf of Diversified Freight Management, LLC (a dissolved limited liability company), consents to and authorizes Diversified Freight Management and Logistics, LLC, a Florida limited liability company having document number L23000306145 using the name "Diversified Freight Management, LLC."

Sincerely,



Print Name: Shmuel Dyal  
Title: CEO  
Southeast Milk, Inc.



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Jul 27, 2023 5:03PM

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DocuSign Envelope ID: 05589D44-DB0B-4265-B1B8-3DF3543E1612

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

((H230002624983))

Diversified Freight Management and Logistics, 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 June 26, 2023 and assigned  
Florida document number L23000306145.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Diversified Freight Management, LLC

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:

New Registered Office Address:

Enter Florida street address

City

Florida

p Co

**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

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If an existing 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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

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[illegible]

(If an effective 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 (3)(b)

If the record 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 record is filed.

— Don't skip it, try!

Clayton G. Wilson

— 11 E4 XC 104044F.

Signature of a member or authorized representative of a member

Clayton G. Wilson

Typed or printed name of signee

(((H230002624983)))

**Filing Fee: \$25.00**