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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

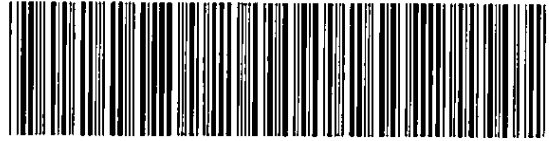
(Business Entity Name)

(Document Number)

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2024 JUN 19 1:21:13  
FBI



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 18, 2024

VICTOR DEAN  
3650 NW 7TH PLACE  
FT LAUDERDALE, FL 33311

SUBJECT: RED DOT LOGISTICS LLC  
Ref. Number: L24000055219

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

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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) 245-6050.

SHANTELL BROWN  
Regulatory Specialist II

Letter Number: 724A00015735

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Red dot logistics  
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:

Victor Dean  
Name of Person

Red dot logistics  
Firm/Company

3650 NW 7th place  
Address

FT lauderdale, FL 33311  
City/State and Zip Code

VictorLDean@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor Dean at (954) 534-3190  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

Red dot 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 \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_.

This amendment is submitted to amend the following:

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

Red dot solutions 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)

2831 East Oakland  
Park Blvd Suite 9 #3015  
Ft. Lauderdale, FL 33306

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3650 NW 7th Pl  
Ft. Lauderdale, FL 33311

**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

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*


100

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 8/13/2021, 2024  
  
 Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

VICTOR DEAN  
Typed or printed name of signer

Typed or printed name of signee