24000385170

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COVER LETTER

DEJILUIO SUBJECT:	TRANSPORTATIONS LOGIS	STICS LLC	
SUBJECT.	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	FRANK DEJIULIO JR		
		Name of Person	
	DEJIULIO TRANSPORTA	ATIONS LOGISTICS LLC	
		Firm/Company	
	6407 YVETTE DRIVE		
		Address	
	HUDSON, FLORIDA 3466	57	
		City/State and Zip Code	 '
	FMSMONWYTEAM@GM	AIL.COM o be used for future annual report notific	
For further information co	oncerning this matter, please ca		eation)
		813 992-2923 at ()	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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 Address		Street Address:	

Registration Section
Division of Corporations

P.O. Box 6327

· TO:

Registration Section Division of Corporations

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

DEJILUIO TRANSPORTATIONS 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 09/03/2024 and assigned Florida document number 124000385170

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 "LLC."

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:

	City	Florida
New Registered Office Address:	Enter Florida street ada	lress .
Name of New Registered Agent:		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	FRANK MICHAEL DEJIULIO	19556 STERLING BLUFF WAY	≣ Add
		BROOKSVILLE, FL 34601	□Remove
			□Change
			□Add
			Remove
			□Change
			□Remove
		-	
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□ Chance

	WE ARE ADDING A PRIMARY AMBR ON THE LLC
	ALL OTHER TERMS REMAIN THE SAME
(If an c Note	tive date, if other than the date of filing:
f the reco	rd 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 filed.
Dated	11/12/2024
	Signature of member or authorized representative of a member
	Erany M Na Tillin