

APR-10-2017 MON 04:21 PM

WARD DAMON

FAX No. 5618423626

P.001/005

4/10/2017

Division of Corporations

LO600049879

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : WARD, DAMON & POSNER, P.A.
Account Number : 072262000447
Phone : (561)842-3000
Fax Number : (561)842-3626

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DP TRUCKING, LLC**

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

2017 APR 10 PM 4:23

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Corporate Filing Menu

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WARD DAMON

FAX No. 5618423626

P.002/005

COVER LETTER

(#H170000984483)

TO: Registration Section
Division of Corporations

SUBJECT: DP TRUCKING, 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:

Geraldine Diaz-Granados

Name of Person

Ward Damon

Firm/Company

4420 Beacon Circle

Address

West Palm Beach, FL 33412

City/State and Zip Code

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

For further information concerning this matter, please call:

Geraldine Diaz-Granados

at (561)

594-1447

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(# H170000984483)

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

DP TRUCKING, 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 L06000049879

This amendment is submitted to amend the following:

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

Del PT Holdings, 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 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

(# H170000984483)

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>	<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
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		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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(# H170000984483)

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

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Table 1

Year	Number of cases	Percentage (%)
1980	1	1.0
1981	2	2.0
1982	3	3.0
1983	4	4.0
1984	5	5.0
1985	6	6.0
1986	7	7.0
1987	8	8.0
1988	9	9.0
1989	10	10.0
1990	11	11.0
1991	12	12.0
1992	13	13.0
1993	14	14.0
1994	15	15.0
1995	16	16.0
1996	17	17.0
1997	18	18.0
1998	19	19.0
1999	20	20.0
2000	21	21.0
2001	22	22.0
2002	23	23.0
2003	24	24.0
2004	25	25.0
2005	26	26.0
2006	27	27.0
2007	28	28.0
2008	29	29.0
2009	30	30.0
2010	31	31.0
2011	32	32.0
2012	33	33.0
2013	34	34.0
2014	35	35.0
2015	36	36.0
2016	37	37.0
2017	38	38.0
2018	39	39.0
2019	40	40.0
2020	41	41.0
2021	42	42.0
2022	43	43.0
2023	44	44.0
2024	45	45.0
2025	46	46.0
2026	47	47.0
2027	48	48.0
2028	49	49.0
2029	50	50.0
2030	51	51.0
2031	52	52.0
2032	53	53.0
2033	54	54.0
2034	55	55.0
2035	56	56.0
2036	57	57.0
2037	58	58.0
2038	59	59.0
2039	60	60.0
2040	61	61.0
2041	62	62.0
2042	63	63.0
2043	64	64.0
2044	65	65.0
2045	66	66.0
2046	67	67.0
2047	68	68.0
2048	69	69.0
2049	70	70.0
2050	71	71.0
2051	72	72.0
2052	73	73.0
2053	74	74.0
2054	75	75.0
2055	76	76.0
2056	77	77.0
2057	78	78.0
2058	79	79.0
2059	80	80.0
2060	81	81.0
2061	82	82.0
2062	83	83.0
2063	84	84.0
2064	85	85.0
2065	86	86.0
2066	87	87.0
2067	88	88.0
2068	89	89.0
2069	90	90.0
2070	91	91.0
2071	92	92.0
2072	93	93.0
2073	94	94.0
2074	95	95.0
2075	96	96.0
2076	97	97.0
2077	98	98.0
2078	99	99.0
2079	100	100.0

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 APRIL 10, 2017.

Signature of a member or authorized representative of a member

PHILIP H. WARD

Typed or printed name of signee