

LO8000096538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

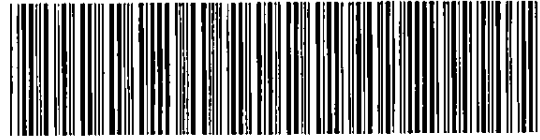
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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9-19-24 01005-012

2024 SEP 19 PM 12:40

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2024

DEVON GRAHAM
801 SEVEN GABLES CIR SE
PALM BAY, FL 32909 US

SUBJECT: 3D MANPOWER DELIVERY SERVICE LLC
Ref. Number: L08000096538

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FL INCORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

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.

Tyreek L Greene
Regulatory Specialist II

Letter Number: 724A00021609

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TO: Registration Section
Division of Corporations

SUBJECT:

3D Manpower Delivery Services 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:

Devon Graham
Name of Person

3D Manpower Delivery Services LLC
Firm/Company

801 Seven Gables Cir SE
Address

Palm Bay FL 32909
City/State and Zip Code

3dmanpowerdelivery@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Devon Graham at 407 694-5438
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION
TO
ARTICLES OF ORGANIZATION
OF

3D Montauk Delivery Services 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 10/10/2008 and assigned
Florida document number L08000096538

This amendment is submitted to amend the following:

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

N/A
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**)

401 Seven Gables Cir SE
401 Seven Gables Cir SE
Palm Bay FL 32909

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

401 Seven Gables Cir SE
401 Seven Gables Cir SE
Palm Bay FL 32909

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:

Devon Graham

New Registered Office Address:

401 Seven Gables Cir SE
Enter Florida street address

Palm Bay, Florida FL 32909
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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
Director of operation:	Albert Robinson	6466 Old Carriage Rd	<input checked="" type="checkbox"/> Add
		Winter Garden FL 34787	<input type="checkbox"/> Remove

☐ Change

☐ Add

☐ Remove

☐ Change

Transportation Manager	Derraine Graham	801 Seven gables cir SE	<input checked="" type="checkbox"/> Add
		Palm Bay FL 32909	<input type="checkbox"/> Remove

☐ Change

☐ Add

☐ Remove

☐ Change

Administrative Manager	Antoinette Florese	5430 Reata way	<input checked="" type="checkbox"/> Add
		Orlando FL 32810	<input type="checkbox"/> Remove

☐ Change

☐ Add

☐ Remove

☐ Change

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

I Am not Amending, OR adding Any
additional Articles of Amendment at
this Time

2024 SEP 19 PM 12:40
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 09-19-2024 BY 60322
SP1/BJD

E. Effective date, if other than the date of filing: Sept. 12 2024 (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

Sept. 12, 2024

Signature of a member or authorized representative of a member

Devon Graham

Typed or printed name of signer

Filing Fee: \$25.00