

L150000016741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

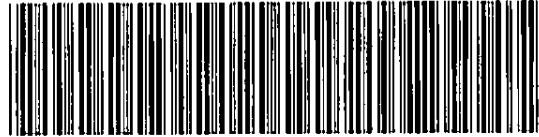
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SECRETARY OF
TALLAHASSEE, FLORIDA

2023 JUN 19 AM 7:20

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SECRETARY OF
TALLAHASSEE, FLORIDA

2023 JUN 19 AM 11:00

RECEIVED

CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 06/19/2023
Acc#I20160000072

en: c DW

Name:	Traffic Supplies & Distribution, LLC
Document #:	
Order #:	14991791

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
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	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

Thank you!

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

Traffic Supplies & Distribution, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 JUN 19 AM 7:21
SECRETARY
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on January 28, 2015 and assigned
Florida document number L15000016771.

This amendment is submitted to amend the following:

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

TSD 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:

4160 N. Highway A-1-A, Unit #802

(Principal office address MUST BE A STREET ADDRESS)

Hutchinson Island, FL 34949

Enter new mailing address, if applicable:

4160 N. Highway A-1-A, Unit #802

(Mailing address MAY BE A POST OFFICE BOX)

Hutchinson Island, FL 34949

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:

David Warner

New Registered Office Address:

4160 N. Highway A-1-A, Unit #802

Enter Florida street address

Hutchinson Island

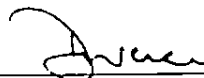
City

, Florida 34949

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.

x 

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>	<u>Address</u>	<u>Type of Action</u>
M	David Warner	4160 N. Highway A-1-A, Unit #802	<input type="checkbox"/> Add
		Hutchinson Island, FL 34949	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
M	Martin Warner	3920 N. Highway A-1-A, Unit #204	<input type="checkbox"/> Add
		Fort Pierce, FL 34949	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Daniel Brocksmith	3001 Industrial Ave Three	<input type="checkbox"/> Add
		Fort Pierce, FL 34946	<input checked="" 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

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

[illegible]

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 June 19, 2023.

X Sign

Signature of a member or authorized representative of a member

David Warner, Manager

Typed or printed name of signee

Filing Fee: \$25.00