L17000140753

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PICK-UP WAIT MAIL
THE WAIT
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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

ovember 25, 2019

HILIP WILMOT D SHIPPERS LLC 393 SW 118 PL IAMI, FL 33186

JBJECT: TD SHIPPERS LLC ef. Number: L17000140753

'e have received your document and check(s) totaling \$60.00. However, the aclosed document has not been filed and is being returned to you for the llowing reason(s):

ne name designated in your document is unavailable since it is the same as, or is not distinguishable from the name of an existing entity.

ease select a new name and make the correction in all appropriate places. One more major words may be added to make the name distinguishable from the ne presently on file.

conflict is 529213-GLOBAL document number of the name ISTRIBUTORS, INC..

ne registered agent must sign accepting the designation.

ease return your document, along with a copy of this letter, within 60 days or our filing will be considered abandoned.

you have any questions concerning the filing of your document, please call 50) 245-6050.

usan Tallent egulatory Specialist II

Letter Number: 219A00024029

COVER LETTER

Registration Section

Division of Corporations

TD SHIPP	ERS LLC		
••	Name of Lim	ited Liability Company	
sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
urn all corresp	ondence concerning this matter	to the following:	
	PHILIP WILMOT		
		Name of Person	
	TD SHIPPERS LLC		
		Firm/Company	
	9893 SW 118 PL		
		Address	
	MIAMI, FLORIDA 33186		
	PHIL@TDSHIPPERS.COM	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
r information (concerning this matter, please ca	all:	
VILMOT		863 899-4060	
Name (of Person	at ()Area Code Daytime	Telephone Number
is a check for t	he following amount:		
0 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	2020 JAN 16	THE TRANSPORT OF THE PARTY OF T
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TD SHIPPERS LLC				ס .	
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our rec Liability Company)	ords.)		39 30
cles of Organization for this Limited Li document number L17000140753	·	were filed on $\frac{06/28/2017}{}$		and assigned	50 mm
endment is submitted to amend the follo	_				
nending name, <u>enter the new name of</u>	the limited liab		-C		
ame must be distinguishable and contain the w	ords "Limited Liabil			viation "L.L.C."	_
ew principal offices address, if applica al office address MUST BE A STREE		N/A SAME 4893 Sid M11Am 1 F	118 PL - 4 331	86	
ew mailing address, if applicable: <u>address MAY BE A POST OFFICE I</u>	<u>BOX)</u>	N/A SAME 4843 50 Minmu	D 118 FL 3	PC 3186	_ _
mending the registered agent and/o ed agent and/or the new registered of			rds, <u>enter th</u>	e name of the	ne
Name of New Registered Agent:	N/A SAME	Philip h	Jilmot		_
New Registered Office Address:	N/A SAME	9893 SW Enter Florida street ad			_
	M_{i}	City.		3186 Zip Code	· -

istered Agent's Signature, if changing Registered Agent:

accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ns of all statutes relative to the proper and complete performance of my duties, and I am familiar with and he obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 'ed to merely reflect a change in the registered office address, I hereby confirm that the limited liability y has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

ling Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added yed from our records:

Manager

- Authorized Member

<u>Name</u>	Address	Type of Action
- N/A		
		□ Remove
		□ Change
		□ Remove
	4—+ W/F.P.L.	Change
		Change
		☐ Remove
		□ Change
		□ Remove
		□ Change
		□ Add
		Remove
		Change

ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
/
tive date, if other than the date of filing:
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Philip Wilmit Signature of a member or authorized representative of a member
Pholip Wilmit
Signature of a member or authorized representative of a member
PHILIP WILMOT Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00