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Name Change

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COVER LETTER

	Registration Sect Division of Corpo			; ·	•	
	DGT TRUCK	(ING LLČ	•	į š	,	
SUBJEC	T:	Name of Limi	ited Liability Company	-		
The enclo	sed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspond	dence concerning this matter	to the following:			
		CHARLES FREDERICK				
			Name of Person			
		DGT INVESTMENTS LL	С			
			Firm/Company			
		1645 PALM BEACH LAK	KES BLVD, SUITE 1200			
		· · ·	Address		 	
		WEST PALM BEACH, F	L 33401			
		DGTFINANCIAL.LLC@G	City/State and Zip Code GMAIL.COM			77 FEB 24
		E-mail address: (to be used for future annual re	eport notification	<u>n)</u>	8 2
For furthe	er information cor	ncerning this matter, please co	all:			
CHARL	ES FREDERICK		561 702	-3219	;	P.
	Name of 1	Person	at () Area Code	Daytime Telep	phone Number	2: 04
						·
Enclosed	is a check for the	following amount:				
□ \$ 25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		S60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DGT TRUCKING LLC

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

Company were filed on	and assigned
·	and assigned
nited liability company here:	
nited Liability Company," the designation "LLC"	or the abbreviation "L.I.,C."
RESS)	
	- 1744
d office address on our records, <u>enter t</u>	he name of the new registered
Enter Florida street address	
. Flor	rida
City	Zip Code
1	d office address on our records, enter t

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 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
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
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			□Add
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,			□Add
			□ Remove
			∏Change

Effec	tive date, if other than the date of filing: (optional)
	ffective 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: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ment's effective date on the Department of State's records.
e reco	ord 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
ira is i	ned.
- '	
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	CAROLK
Dated	Signature of a member or authorized representative of a member

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