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D. BRUCE SEP 28 2020

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 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:	
Name of Person MLDTT LLC Firm/Company	
7877 Summer Stear Ct	
Jackson Ville Fl 32221	
City/State and Zip Code SOSO COM E-mail address: (to be used for future annual report notification)	E
For further information concerning this matter, please call:	.a. est
Name of Person at (904) 505 5645 Area Code Daytime Telephone Number 177	!] フ
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Street Address: Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MLDTI LI	<u>C</u>		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on e da Limited Liability Company)	our records.)	_
The Articles of Organization for this Limited Liability Florida document number 2000 844	Company were filed on MA 5.	rch 25,202and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lie	mited Liability Company," the designa	ition "LLC" or the abbreviation	ı "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
	_	<u></u>	20
		공항 도움	20 At 1779
Enter new mailing address, if applicable:		57	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	0 !**
		<u> </u>	
		,*12 + 72	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		ls, enter the name of the	new registered
Name of New Registered Agent:	····		
New Registered Office Address:			
	Enter Florida str	eet address	
		, Florida	
	City	Zip Ce	ode

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
AMBR	Karendallas	7877 Summer Starct	= Add
		3221	□Remove
1100	T \	7677 6	□Change
MGR	LSaian J. Dallas	7877 Summer Stan &	□Add
		Jax Fl 32221	Remove
	A +		Change
MGR	Christopher W. Lee. Ir	7877 Summer Stan G	L □Add
		Jax F1 32221	Remove
			C C C C C C C C C C C C C C C C C C C
MGR	Melvin Dallas Ir	7877 Summer Stan C	TO AND TO
		32221	□ Remove
		-	□ Change
			□Add
			□Remove
			Change
AL			□Add
			□Remove
		<u> </u>	□ Change

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Filing Fee: \$25.00