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COVER LETTER

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TDAT, FR	EIGHT BROKER LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	TYRIKA JACKSON		
	TDAT_FREIGHT BROKER LLC Name of Limited Liability Company Tolor of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: TYRIKA JACKSON Name of Person TDAT FREIGHT BROKER LLC Firm/Company 723 HARMON AVE Address PANAMA CITY, FL 32401 City/State and Zip Code tdattfreightbrokerllc@gmail.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: KA JACKSON Name of Person Name of Person Area Code Daytine Telephone Number sed is a check for the following amount: 15.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee		
	TDAT FREIGHT BROKE	ER LLC	
		Firm/Company	
	723 HARMON AVE	Address A CITY, FL 32401 City/State and Zip Code throkerllc@gmail.com E-mail address: (to be used for future annual report notification) is matter, please call: S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Sirect Address: Registration Section Division of Corporations	
	 -	Address	
Division of Corporations TDAT FREIGHT BROKER 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: TYRIKA JACKSON Name of Person TDAT FREIGHT BROKER LLC Firm/Company 723 HARMON AVE Address PANAMA CITY, FL 32401 City/State and Zip Code tdatfreightbrokertle@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TYRIKA JACKSON Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee			
		City/State and Zip Code	
For further information of		·	itication)
TYRIKA JACKSON			
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			action
			
P.O. Box 632	27	The Centre of 7	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019 15 PM 3:54

TDAT FREIGHT BROKER LLC

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

(A Florida Chini	ted Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number L20000140816	any were filed on MAY 26, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>ent</u>	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
		Florida
	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.

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>	Address	Type of Action
MGR	TYRIKA JACKSON	723 HARMON AVE	= Add
		PANAMA CITY, FL 32401	□ Remove
			☐ Change
		9	□Add
			□Remove
			Change
			□Add
			🗀 Remove
			Change
			ПRетоve
			☐ Change
	 		□Add
		· - ···································	□ Remove
			Change
			□Add
			□Remove
			Change

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· ·	Dated JULY 17 , 2020	
TYRIKA IACKSON MGR	Signature of a member or authorized representative of a member	
1 1 Kild 1 31 Oktobri, Mole	TYRIKA JACKSON, MGR	

Filing Fee: \$25.00