

L20000143775

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12/15/20

# STEPHEN M. LITWIN

*Attorney at Law*

November 2, 2020

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: a) Longhorn Logistics Group, LLC  
b) C & C Administrative Services, LLC

Dear Sir/Madam:

Enclosed, please find two (2) Articles of Amendment. One for C & C Administrative Services, LLC and the other for Longhorn Logistics Group, LLC.

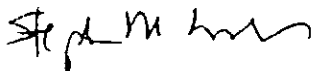
As to these two (2) entities, I would like to first file the one for C & C Administrative Services, LLC, changing the name to D & D Administrative, LLC. Then, once the name Longhorn Logistics Group, LLC is available, I would like to change the name of C & C Administrative Services, LLC to Longhorn Logistics Group, LLC. I have numbered the two (2) Articles of Amendment in the order in which they should be filed.

Lastly, enclosed please find an envelope for return of the certificate of status.

Also enclosed are the appropriate Thirty and 00/100 (\$30.00) Dollar filing fees.

Thank you.

Very Truly Yours,



Stephen M. Litwin

SML:sc

Enclosures

# COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Loghorn Logistics Group, 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:

Stephen M. Litwin, Esquire  
Name of Person

Stephen M. Litwin, Esquire  
Firm/Company

116 Orange Street  
Address

Providence, Rhode Island 02903  
City/State and Zip Code

attysml@aol.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Stephen M. Litwin, Esquire at ( 401 ) 273-5155  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Longhorn Logistics Group, LLC

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

The Articles of Organization for this Limited Liability Company were filed on May 27, 2020 and assigned Florida document number L20000143775.

This amendment is submitted to amend the following:

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

D & D Administrative, 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:**

**(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 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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

