

# L20000328414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

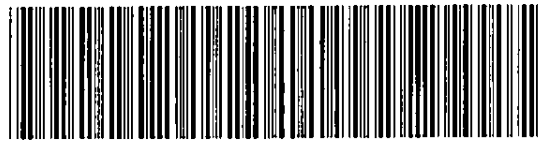
(Business Entity Name)

(Document Number)

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STATE  
TALLAHASSEE, FLORIDA

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STATE  
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 12/20/2024

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 1333799

**ORDER ENTITY**  
TDC TRAILER LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

TDC TRAILER LLC ( FL )

File the attached amendment

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM", written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and couner package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TDC Trailer 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:

Janice Harmon

\_\_\_\_\_  
Name of Person

Honigman LLP

\_\_\_\_\_  
Firm/Company

660 Woodward Ave., Ste. 2290

\_\_\_\_\_  
Address

Detroit, MI 48226

\_\_\_\_\_  
City/State and Zip Code

jharmon@honigman.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janice Harmon

313 465-8214  
at ( )

\_\_\_\_\_  
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**

**FILED**

**2024 DEC 20 PM 2: 52**

TDC Trailer LLC

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

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/16/2020 and assigned  
Florida document number L20000328414.

This amendment is submitted to amend the following:

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

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)**

40900 Woodward Ave, Ste. 200

Bloomfield Hills, MI 48304

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

40900 Woodward Ave, Ste. 200

Bloomfield Hills, MI 48304

**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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

*Enter Florida street address*

Plantation

Florida 33324

*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.*

Signed by:

Patrick Corden

310263C7DF8E475

**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>
MGRM	TDC Trailer Acquisition, LLC	40900 Woodward Ave, Ste. 200	<input type="checkbox"/> Add
		Bloomfield Hills, MI 48304	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
President	Patrick Corden	40900 Woodward Ave, Ste. 200	<input checked="" type="checkbox"/> Add
		Bloomfield Hills, MI 48304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Luke Plumpton	40900 Woodward Ave, Ste. 200	<input checked="" type="checkbox"/> Add
		Bloomfield Hills, MI 48304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Owner	Sheri A Sodomire	2124 Turning Hickory Ct	<input type="checkbox"/> Add
		Orlando, FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Owner	Vlastmir Todorovic	480 Wexord Rd	<input type="checkbox"/> Add
		Valparaiso, IN 46385	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Candis Craven	5300 S 108th St.	<input type="checkbox"/> Add
		Ste 15 #163	<input checked="" type="checkbox"/> Remove
		Hales Corners, WI 53130	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated December 20

2024

**- Started by:**

Patrick Corden

-310263C7DF6E475

Signature of a member or authorized representative of a member

Patrick Corden

Typed or printed name of signee

**Filing Fee: \$25.00**