## L21000315569

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## **COVER LETTER**

TO:

	on Section f Corporations		
OF THE FEET YES	IOND WINDOWS AND DOOR L	LC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	AURELIO NETO		
		Name of Person	<del></del>
	ONE TOUCH CONSULT		
	<del></del> -	Firm/Company	
	7345 W SAND LAKE RE		
	<del></del>	Address	
	ORLANDO, FL 32819		
		City/State and Zip Code	
	CONTACT@ONETOUCL		
	E-mail address: (	to be used for future annual report notif	ication)
For further informat	tion concerning this matter, please c	all:	
AURELIO NETO		407 233-7350	
N	ame of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		
S25.00 Filing F	ee S30.00 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)
R	IAILING ADDRESS: egistration Section ivision of Corporations	STREET/COURI Registration Section Division of Corpora	n

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIAMOND WINDOWS AND DOORS LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 09/23/2024	and assigned
Florida document number L21000315569		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
TSD LOGISTICS LLC		
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or the	ne abbrer lation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		63 63
Enter new mailing address, if applicable:		74.0
Mailing address MAY BE A POST OFFICE BOX)	-	<u> </u>
Studing dual to Star DE ATVOT OF THE BOXY		(m. fal)
B. If amending the registered agent and/or registered	d office address on our records, en	
registered agent and/or the new registered office address	here:	<i>ح</i> ر
		7
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	1
•	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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
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		09/23/2024			
(If an effectiv <u>Note:</u> If th	date, if other than the da e date is listed, the date must be ne date inserted in this block s effective date on the Depa	specific and cannot be prior does not meet the applications.	able statutory filing requir	(optional) 90 days after filing.) Pursuant to 60 ements, this date will not be li	05.0207 (3)( sted as the
	d specifies a delayed e th day after the record		t an effective time, a	t 12:01 a.m. on the ear	lier of:
Dated_SEI	PTEMBER 23RD	2024			
	TAV	1 Court			
		· Oneu	orized representative of a men		

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Typed or printed name of signee

Filing Fee: \$25.00