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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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OIVISION OF CORPORATION:
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T. MATTHEWS JUN 10 2022

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: TD		TRANSPORT ited Liability Company	uc
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	TD MARI	Name of Person NE & TRANS Firm/Company OO KWOOD DA	por7
		Address	
	NEW PORT A	CICHEY, FC	34654
	TLIVERA	City/State and Zip Code O 1 S 11	o, com
	E-mail address: (incerning this matter, please call the control of	ali: at (727 _) <u>408</u> _	-OHOS Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	_	☐ \$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 Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FI	oorations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION ART OF CIVISION VE CORPORATIONS

OF

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 03/01/2022 Florida document number <u>L22666185</u> 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 "LLC." 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 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. Thereby 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>	Name	Address	Type of Action
MGR	TYLER D. LIVERNOI	15 & 714 BROOKWOOD DR NEW ADRET RICHEY, YL 3	— Sold 4654 □Remove
			□Change
			□Add
			Remove
			□Change
			□Add
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	d in this block does no	ot meet the applica	able statutory filing		onal) filing.) Pursuant to 605.02 date will not be listed :
ecord specifies a delay is filed.	ed effective date, but	not an effective ti	me, at 12:01 a.m. o	the earlier of: (b)	The 90th day after th
cd 04/14/	2022	200	<u>L</u>		
<u> </u>					
		10			
	Signature o	f a member or autho	orized representative o	d'a member	

Filing Fee: \$25.00