

L22000160842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

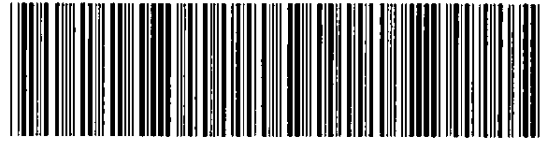
(Business Entity Name)

(Document Number)

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09/06/24--01014--009 **30.00

SEP 10 2024 5 PM 12:27
STATE
SSE, FL

R. HUNT

09/06/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ATT Transport, 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:

Tammy S. Tew

Name of Person

ATT Transport, LLC

Firm/Company

610 Powell Drive NE

Address

Fort Walton Beach, FL 32547

City/State and Zip Code

tammy@att-transport.com

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

For further information concerning this matter, please call:

Tammy S. Tew at (850) 499-9230
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

ATT Transport, 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 April 4, 2022 and assigned
Florida document number L22000160842.

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)

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 change only*

Name of New Registered Agent: Tammy Tew

New Registered Office Address: 610 Powell Drive NE

Enter Florida street address

Fort Walton Beach, Florida 32547

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.

Tammy Tew

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>
AMBR	Tammy S. Amaru	610 Powell Drive NE	<input type="checkbox"/> Add
		Fort Walton Beach, FL 32547	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Tammy S. Tew	610 Powell Drive NE	<input checked="" type="checkbox"/> Add
		Fort Walton Beach, FL 32547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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STATE OF FLORIDA
DEPARTMENT OF STATE
PHILADELPHIA, PA 19106
JAN 27 2012

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

Amending name of Registered Agent, and AMBR. Tammy S. Amaru, to her new married name of Tammy S. Tew.

A copy of the certified Marriage Certificate is being provided.

SEP 03-5 PM 12:27
CLERK OF STATE
TALLAHASSEE, FL

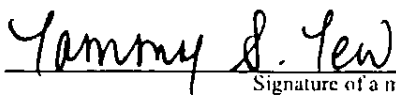
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 September 3, 2024



Signature of a member or authorized representative of a member

Tammy S. Tew

Typed or printed name of signee