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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

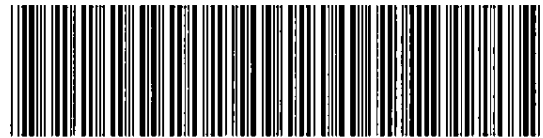
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TAX & TRUST MANAGEMENT SERVICES, LLC

Income Tax and Trust Planning Specialists

28163 US Highway 19 N, Suite 202

Clearwater, Florida 33761

PHONE 727.465.3717 / FAX 727.205.3785

taxandtrusthelp@gmail.com

February 13, 2023

IN RE: AMENDMENT OF D&T LIBERTY, LLC

Please see enclosed paperwork to amend the authorized persons of D&T Liberty, LLC. The current authorized members of the LLC are Christopher C Depaolo and Elijah K Thomas. The amendment is to change Christopher C Depaolo and Elijah K Thomas from authorized members to managers of D&T Liberty, LLC.

Contact Information is as follows:

Christopher Depaolo

Phone :727-741-8047

Address: 8660 Prairie Creek Dr.,

New Port Richey, FL 34655

Elijah Thomas

Phone :727-637-6748

Address: 8660 Prairie Creek Dr.,

New Port Richey, FL 34655

Sincerely yours,

TAX AND TRUST MANAGEMENT SERVICES

By: 

Todd M. Seymour, CSA, EA

taxandtrusthelp@gmail.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: D&T LIBERTY 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:

TODD M. SEYMOUR

Name of Person

TAX AND TRUST MANAGEMENT SERVICES LLC

Firm/Company

28163 US HWY 19 N, SUITE 202

Address

CLEARWATER, FL 33761

City/State and Zip Code

todd@taxandtrusthelp.com

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

For further information concerning this matter, please call:

TODD M. SEYMOUR

727 465-3717
at ()

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**

D&T LIBERTY 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 JANUARY 23, 2023 and assigned
Florida document number L23000041638.

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 of New Registered Agent:

TAX AND TRUST MANAGEMENT SERVICES LLC

New Registered Office Address:

28163 US HWY 19 N, SUITE 202

Enter Florida street address

CLEARWATER

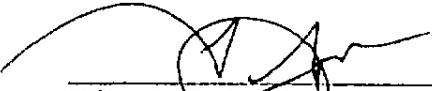
City

Florida 33761

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>
AMBR	CHRISTOPHER C DEPAOLO	8660 PRAIRIE CREEK DR	<input type="checkbox"/> Add
		NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CHRISTOPHER C DEPAOLO	8660 PRAIRIE CREEK DR	<input type="checkbox"/> Add
		NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ELIJAH K THOMAS	8660 PRAIRIE CREEK DR	<input type="checkbox"/> Add
		NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ELIJAH K THOMAS	8660 PRAIRIE CREEK DR	<input type="checkbox"/> Add
		NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 FEBRUARY 13 2023

Elyse's Thruout

Signature of a member or authorized representative of a member

ELIJAH K THOMAS

Typed or printed name of signee

Filing Fee: \$25.00