## La3000314731

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(5000)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
Special Instructions to Filing Officer:
Free amend due
to Clerical error.
to clerical error.
< ( 10/09/23/

Office Use Only



600416971806

Orl -8 2023

7 mm (-9) Fill 4: 24

## **COVER LETTER**

Division of Corpor	rations		
SUBJECT: Ditt	Moun Tro	COSPORTATION Company	LLC
The enclosed Articles of Arr	nendment and fee(s) are sub	omitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	AShton	ChiShol M Name of Person	<del> </del>
		Firm/Company	
	2728 Br	igntwell Ave	<u> </u>
	marian	a Fl 37448 City/State and Zip Code	
-	Httmant E-mail address: (	YOUNS POY to to be used for future annual report notifi	202305 mail Com
For further information conc	erning this matter, please ca	all:	
A CO		at ()	
Name of Pe	rson	Area Code Daytime	Telephone Number
Enclosed is a check for the fo	ollowing 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)
<u>Mailing Address:</u> Registration Sec	tion	Street Address: Registration Sect	tion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

**Registration Section** 

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

(Name of the Limited Liability (A Florida L	Company as it now appears on Limited Liability Company)	our records.)	<del></del>
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 230003 [47</u>	mpany were filed on <u>6</u>	<u> 30 23</u> a	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite  The new name must be distinguishable and contain the words "Limite"	on LLC	nation "LI.C" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:			3
(Principal office address MUST BE A STREET ADDRE	(SS)		2
-		-	
		,	5
Enter new mailing address, if applicable:		 • -	
(Mailing address MAY BE A POST OFFICE BOX)			
			£
B. If amending the registered agent and/or registered eagent and/or the new registered office address here:	office address on our recor	rds, <u>enter the name of tl</u>	ne new registered
Name of New Registered Agent:			<del></del>
New Registered Office Address:			
	Enter Florida s	street address	
		, Florida	
	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 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>	Address	Type of Action
			□Aḋd
			Remove
			□Change
	<del></del>		□Add
			Remove
		<u> </u>	Add√
			; ← CRemove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			□Remove
			□Change

		<del></del>			
					2(23
·					<del>- 3</del>
					<del></del>
					<u></u>
	<del> </del>			- , 	- <del>1</del>
	<del></del>			·····	
			<u> </u>		
ective date, if other the effective date is listed, the effective date inserted in ument's effective date of	date must be specific and this block does not m	cannot be prior to da eet the applicable			
cord specifies a delayed if filed.					90th day after th
ed <u>10/9/5</u> <u>1/0 C</u>	<u> 23</u>	<del></del> .			
(/06	tron Clas	1. Lie		. 1	
	Signature of a m	iember of authorized	l representative of a me	emper	