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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : I20240000004 Phone : (775)329-7721 Fax Number : (775)376-9207

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annual report mailings. Enter only one email address please.**

Email Address: Dw8890@yahoo.com

≟ ►LLC AMND/RESTATE/CORRECT OR M/MG RESIGN D & E LEGACY TRANSPORT, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

M. SOLOMON

FEB 2 3 2024

NUUY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D & E LEGACY TRANSPORT, LLC	
(Name of the Limited Liability Company as it now amounts on our records, t (A Florida Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 02/08/24 Florida document number L24000072526	and assigned
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 "I,m ned I tability Company" the designation "LLC" or the	
Enter new principal offices address, if applicable:	2024
(Principal office address MUST BE A STREET ADDRESS)	E T
	- 2
Enter new mailing address, if applicable:	TO THE
(Mailing address MAY BE A POST OFFICE BON)	£5:
B. If amending the registered agent and/or registered office address on our records, ent- registered agent and/or the new registered office address here: Name of New Registered Alient:	er the name of the new

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Flowida street address

, Florida _____Zip Code

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>Litle</u>	<u>Name</u>	Address	Type of Action
MGR	Emanuel D Williams	206 Audubon Way	☑ Add
		Warner Robins, GA 31088	Remove
			□ Change
			. 🗖 Add
			☐ Remove
			☐ Change
			□ Auli 2024
			□ Add FE
			Change PH C
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			☐ Change
			□ Add
			, 🗖 Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Ata	lach additional sheets, if necessary.)
	2124
	PH 2
	55
E. Effective date, If other than the date of filing: N/A (If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 (3) llory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effi (b) The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier of;
Dated February 21 , 2024 Cail L. Littury Sur Signature of a member or authorized repres	descriptive of a member
David L Williams	Sr.
Typed or printed name of	Signee

Page 3 of 3

Filing Fee: \$25.00