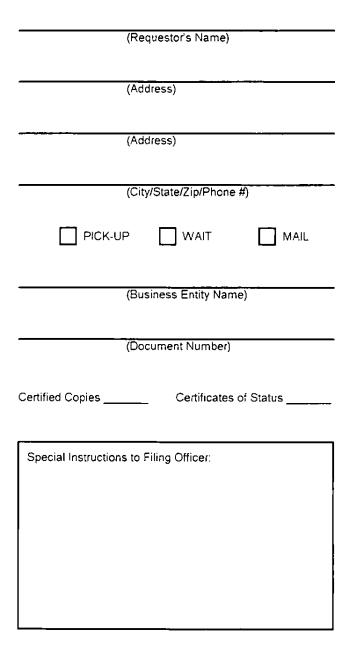
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: D and T Transport	mited Liability Company
	• • • • • •
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Donna	Longer bean Same of Person
_D and	T Travel, LLC
	Address
	On FL 34432 City/State and Zip Code
Donna Lo E-mail address:	ingerbean e Gmail. Lom (to be used for future annual report notification)
For further information concerning this matter, please	call:
Donna Longerbean Name of Person	at (352) 615-9745 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D and T T	rave	LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now as ability Compa	opéars on our records.)		
The Articles of Organization for this Limited Liability Company v. Florida document number $\frac{L 2400009 2434}{L}$.	vere filed o	n <u>Feb.22,20</u>	224 and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity compan	ny here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company,"	the designation "LLC" or the	abbreviation "L.L.	C."
Enter new principal offices address, if applicable:		Š		
(Principal office address MUST BE A STREET ADDRESS)			- 21	
			12:4	
			25. 25.	÷ :
Enter new mailing address, if applicable:			2 i	
(Mailing address MAY BE A POST OFFICE BOX)			무	1;
				•••
			29	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on o	ur records, <u>enter the</u> na	ime of the new r	registered
agent and/or the new registered office address here.				
Name of New Registered Agent:				
			 -	
New Registered Office Address:	Enter	r Florida street address	 	-
		Pt. 11		
	City	Florida _	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance ovided for	e of my duties, and I an in Chapter 605, F.S. O	n familiar with o	and ent is

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>	Address	Type of Action
<u>C00</u>	Thomas Longerbean	8841 Southwest 13th Ter	race _□Add
9	V	8841 Southwest 13th Ter Dunnellon, FL 34435	Remove
			□Change
			Dadd
			□Remove
			©Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			∏ Chance

_	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
_	
_	
Note: If t	date, if other than the date of filing:
cora is mea.	
Dated <u>N</u>	narch 5, 2024.
	Narch 5; 2024. Dona Longenteer Signarde of a member or authorized representative of a member
	Donna Longerbean Uped or printed name of signee

Filing Fee: \$25.00