L24000429124

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COVER LETTER

1.

TO:

Registration Section Division of Corporations

SUBJECT:	DELTA FREIGHTLINE LLC						
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lin	ited Liability Company				
)					
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	i all correspo	ndence concerning this matter	to the following:				
		Andrew Pierce					
	Name of Person						
	Cindy's Florida LLC						
			Firm/Company				
	8051 N. Tamiami Trail STE E6						
			Address				
-			City/State and Zip Code				
		reports@cloudpeaklaw.c					
			to be used for future annual report notifi	cation)			
		oncerning this matter, please ca					
Andrew Pie	erce		307 683-0983 at ()				
Name of Person			Area Code Daytime	Telephone Number			
Enclosed is	a check for th	ne following amount:					
■ \$25.00 1	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)			
Mailing Address: Registration Section		Section	Street Address: Registration Sec				
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELTA FREIGHTLINE LLC

2024 DEC 11 PH 2: 07

(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 Compan	v were filed on	10/04/2024	and assigned"
Florida document number L24000429124	y were med on _		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company	here:	
			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the	e 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 agent and/or the new registered office address here: Name of New Registered Agent:	e address on our	records, <u>enter</u>	the name of the new registered
		·	
New Registered Office Address:	Enter Florida street address , Florida		
			suida.
	City	, ги	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance s provided for in	of my duties, an Chapter 605, i	nd I am familiar with and F.S. Or, if this document is
If Ch.	anging Registered	Avent Signature o	f 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
AR	Andrew Pierce	8051 N. Tamiami Trail STE E6	□Add
			■Remove
		Sarasota, Florida, 34243	□Change
AMBR	Delta Lane LLC	30 N Gould St #45846	≣ Add
			□Remove
		Sheridan, WY 82801	□Change
-			□Remove
			□Change
		 -	□Add
			□ Remove
			□Change
			□Add
			□ Remove
			Change
			Remove
		<u> </u>	□Change

Typed or printed name of signee