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(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

10/24/2024

D	ate:	10/24/2024	- w: 1 > W
	-	Acc#I20160000072	4. () = V
Name:	LT DAN, LLC		
Document #:			
Order #:	15937108		
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Thank you!

COVER LETTER

TO: Registration S Division of Co			
cup in or		t Dan, LLC	
SUBJECT:		nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Eileen K. Tobin, Corpora	te Paralegal	
		Name of Person	
	Cameron & Mittleman LI		
		Firm/Company	
	301 Promenade Street		
		Address	
	Providence, RI 02908		
	proble O L	City/State and Zip Code	
	ETobin@cm-law.com E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Eileen K. Tobin, Corpo	rate Paralegal	401 331-5700 6	
Name of Person		at ()	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

Tallahassee, FL 32314

2415 N. Morroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 OCT 24 AM 9: 16

Lt Dan, LLC		•	. •
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears o liability Company)	n our records LAH	ASSEE, FLORINA
The Articles of Organization for this Limited Liability Company Florida document number L.24000435402 This amendment is submitted to amend the following:			and assigned
A. If amending name, enter the new name of the limited liab	ility company here	:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desig	gnation "LLC" or the ab	breviation "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 a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our reco	ords, <u>enter the nam</u>	e of the new registered
New Registered Office Address:	Enter Florida	sireet address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent;			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my rovided for in Cha	duties, and I am for pter 605, F.S. Or, i	imiliar with and f this document is

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
MGR	Terrence Concannon	124 Adriatic Avenue, Tampa, FL 33606	□Add
			= Remove
			Change
MGR	John M. Adams	494 South Beach Road, Hobe Sound, FL 33455	■Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
<u>.</u>			🗆 Add
			🗆 Remove
			□Change
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ective date, if other than the c	late of filing:			(optional)	_	<0e.03
effective date is listed, the date must tee: If the date inserted in this blo	se specific and cannot be ck does not meet the a	e prior to date of filit applicable statutor	ng or more than 90 da ry filing requireme	nts, this date v	vill not be	listed
ument's effective date on the Dep	partment of State's rec	cords.				
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cord specifies a delayed effective s filed.	date, but not an effec	tive time, at 12:01	a.in. on the earlie	ioi, (u) ine	Jour day a	itici II
ed October 23	2024	·				
		/s/ John M. A	dame			
	ignature of a member o	757 JOHN NI. A	ntative of a mumber			•

Filing Fee: \$25.00