

L15000 200 87C

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

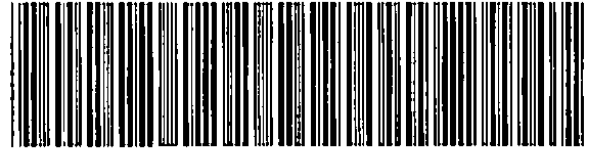
(Business Entity Name)

(Document Number)

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5/5/20

**TO: Registration Section
Division of Corporations**

SUBJECT: TORTUE DESIGN FIRM, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cindy Mullennix

Name of Person

Kirschner & Legler, P.A.

Firm/Company

1431 Riverplace Blvd., #910

Address

Jacksonville, FL 32207

City/State and Zip Code

cmmullennix@leglerlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Mullennix

904

346-3200 Ext 3

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**TO
ARTICLES OF ORGANIZATION
OF**

TORTUE DESIGN FIRM, LLC

(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 Company were filed on 12/01/15 and assigne
Florida document number L15000200870.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TDF AERO, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4367 Apple Tree Place

Jacksonville, FL 32258

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4367 Apple Tree Place

Jacksonville, FL 32258

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new reg
agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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 w
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen
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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove
			☐ Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 13, 2020

 Signature of a member or author

Signature of a member or authorized representative of a member

BENJAMIN R. HECHT, MANAGER

Typed or printed name of signee

Filing Fee: \$25.00