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Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: T&C Downtown Development 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:
Casey Preston Name of Person
T&C Oowntown Development LLC
7900 Orange Blossom trail
Orlando, Fl 32809 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Casey Preston at (1107) 307 - 7492 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		Developmen			
(<u>Name of the Limit</u>	ted Liability Compa (A Florida Limited)	iny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Li		were filed on	01/26/201	7_ and assign	ned
Florida document number <u>L17000020</u>	810				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company her	<u>re</u> :		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the des	signation "LLC" or the	abbreviation "L.L.C	7 17
Enter new principal offices address, if applic	able:	<u> </u>			
Principal office address MUST BE A STREE	T ADDRESS)				
				18 JUL	PECRE SECRE
Enter new mailing address, if applicable:					<u> 영화 ~</u>
Mailing address MAY BE A POST OFFICE	BOX)	<u> </u>		- _	<u> </u>
					= -
				·.:-	건물 공항
B. If amending the registered agent and/ registered agent and/or the new registered of			our records, <u>ente</u>	r the name of	the new
Name of New Registered Agent:					
New Registered Office Address:	7107	udine a	VE la street address		
	Ocla	ngo	, Florida ₋	32819	
		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 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

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	Casey Preston	7107 Udine ave	EZ Add
		Octando, Fl 32819	□ Remove
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te: If the date inst	erted in this block doe	s not meet the appli	cable statutory fil	ing requirements, th	is date will not be	e listed a
ameni s effective	date on the Departme	iii of state's fecord	S.			
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record specifie he 90th day a	s a delayed effect fter the record is	tive date, but n filed.	ot an enective	time, at 12:01	a.m. on the e	ariier o
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	Signatur	a member or aut	horized representati	re of a member		_
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Filing Fee: \$25.00