L17000094750

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Sec Division of Corp		* ;	:
SUBJI	T.Duke Prop			
30 DJ1	<u>.</u>		ited Liability Company	
Please	return all correspon	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Tasmany Duke Name of Person TD Real Estate Solutions, LLC Firm/Company 18025 NW 20th Avenue Address Miami Gardens, FL 33056 City/State and Zip Code nyamtas@yahoo.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: at (
		Duke Properties, LLC Name of Limited Liability Company		
			Name of Person	
		TD Real Estate Solutions,	LLC	
			Firm/Company	
18025 NW 20th Avenue				
Address				
		Miami Gardens, FL 33056		
			City/State and Zip Code	
			to be used for future annual report positi	instina
For fu	rther information co			Cation)
Tasma	any Duke		305 469-4172	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

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

T.Duke Properties, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

019 APR 29 P

V.	i i iorida Emilico i	Elability Company)		
The Articles of Organization for this Limited Lia	and assigned			
Florida document number L17000094750	·			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liab	ility company here:		
TD Real Estate Solutions, LLC				
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC" o	r 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:		18025 NW 20th Avenue		
		Miami Gardens, FL 33056		
		18025 NW 20th Avenue		
(Mailing address MAY BE A POST OFFICE B	(OX)	Miami Gardens, FL 33056		
B. If amending the registered agent and/o registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:			enter the name of the nev	
New Registered Office Address.		Enter Florida street address		
		, Flori	da	
		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>	<u>Address</u>	Type of Action
MBR	Tasmany Duke	18025 NW 20th Avenue	
		Miami Gardens, FL 33056	☐ Remove
			■ Change
		<u> </u>	Add
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			☐ Change

f amending any other information N/A	/m, enter change(e) here (
				
				
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Effective date, if other than the d If an effective date is listed, the date must b Note: If the date inscreed in this bloc document's effective date on the Dep	be specific and cannot be prior to d ck does not meet the applicable	late of filing or more than 90 e statutory filing requirem	(optional) days after filing.) Pursu ents, this date will no	ant to 605.0207 ot be listed as
ne record specifies a delayed	effective date but not a	n effective time, at 1	12:01 a.m. on th	ne earlier of
The 90th day after the reco		in circuit cirric, de		
Dated April 23	2019			
Dated	,	•		
Hour	VI			2
2	ignature of a member or authorize	ed representative of a member		III9 APR
Tasmany Duke				PR 77
	Typed or printed n	ame of signee	ò	20
			file,	ë O
				ài 🔘

Filing Fee: \$25.00