L21000259047

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COVER LETTER

Div	vision of Corpo	orations			•
SUBJECT:	TDSNA LLC			•	4
0000001.		Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclose	d Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return	n all correspond	dence concerning this matter	to the following:		
•		hans vogelman			
-			Name of Person	<u> </u>	
			Firm/Company		
		559 nw 88th st			
			Address		
		el portal fl 33150			
			City/State and Zip Code		· <u></u>
•		hansvogel5285@gmail.com	1		
		E-mail address: (to be used for future annua	l report notificati	on)
For further is	nformation con	cerning this matter, please c	all:		
hans vogelm			305 34	12-2480	
	Name of P	erson	Area Code	Daytime Tel	ephone Number
Enclosed is a	check for the	following amount:			
■ \$25.00 H	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		Sectificate of Status & Certified Copy (additional copy is enclosed)
<u>Ma</u> j	iling Address:		Street A	.ddress:	

Registration Section
Division of Corporations
P.O. Box 6327

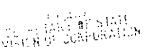
TO:

Registration Section

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TDSNA LLC

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(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 06/02/2021 and assigned Florida document number L21000259047 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: hans vogelman Name of New Registered Agent: 559 nw 88th st New Registered Office Address: Enter Florida street address el portal

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 = M AMBR = A	anager uthorized Member	WYSTEN OF CONFERNAL IN		
<u>Title</u>	Name	Address 21 JUN 21 PH 3:	Type of Action	
AMBR	hans vogelman	21 JUN 21 PH 3: 559 nw 88th st el portal fl 33150	≣Add	
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and ca	annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (
ote: If the date inserted in this block does not me cument's effective date on the Department of Sta	et the applicable statutory filing requirements, this date will not be listed as the
	o records.
ecord specifies a delayed effective date, but not a	n effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
iune 16	2021
ted june 16	
Signature of a me	ember or authorized representative of a member
hans vogelman	
man robennan	