

LD60000016890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

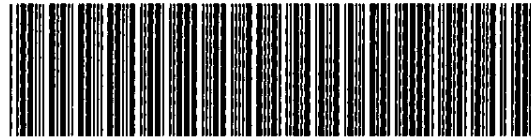
(Document Number)

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**L. SELLERS**  
OCT 20 2011  
**EXAMINER**

Office Use Only



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10/19/11--01017--014 \*\*60.00

**FILED**  
11 OCT 19 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Dunning, Kirrane, McNichols + Garner, LLP

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*\*Also admitted Illinois Bar*

October 14, 2011

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

RE: TDO PROPERTIES, LLC, DOCUMENT NUMBER L06000016890

To Whom It May Concern:

Enclosed herewith please find a Cover Letter, an original and one copy of the Articles of Amendment to Articles of Organization of TDO Properties, LLC, filing fee of \$60.00 and a self-addressed stamped envelope for your convenience in returning a certificate copy of the Amendment and Certificate of Status to this office.

Thank you for your courtesies in this regard.

Very truly yours,

A handwritten signature in cursive script, appearing to read 'Marsha P. Kirrane'.

Marsha P. Kirrane  
Paralegal

Enclosures

cc: Patricia D. O'Connell

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TDO Properties, 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:

**Elizabeth A. McNichols, Esq.**

Name of Person

**Dunning, Kirrane, McNichols & Garner, L.L.P.**

Firm/Company

**P. O. Box 560**

Address

**Mashpee, MA 02649**

City/State and Zip Code

**trish.oconnell@comcast.net**

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

For further information concerning this matter, please call:

**Patricia D. O'Connell**

Name of Person

at ( **774** )

**238-2893**

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/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TDO Properties, 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 February 15, 2006 and assigned  
Florida document number L06000016890.

This amendment is submitted to amend the following:

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

TDO Florida Properties, LLC

The new name must be distinguishable and end with 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:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

City, Florida

**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 608, 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**

**FILED**  
11 OCT 19 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

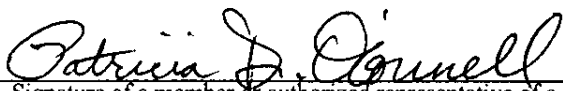
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated October 13, 2011.



Signature of a member or authorized representative of a member

Patricia D. O'Connell

Typed or printed name of signee