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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

	ration Sect on of Corp			
RT SUBJECT:	TD Group,	LLC		
, obsect		Name of Lim	ited Liability Company	
Гhe enclosed Ar	ticles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
		Andrew F. Ford, Esq.		
			Name of Person	
		Ford & Ford, P.A.		
			Firm/Company	
		147 Second Avenue South	, Suite 302	
			Address	
		St. Petersburg, FL 33701		
			City/State and Zip Code	
		rdoyle@rtdgroup.us		
		E-mail address: (to be used for future annual report notifi	cation)
For further inform	mation cor	ncerning this matter, please ca	all:	
Andrew F. Ford	, Esq.		727 894-2907 at ()	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a che	eck for the	following amount:		
■ \$25.00 Filing	g F ee	□ \$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 ORGÁNIZATION OF

RTD Group, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Companies Florida document number L06000089260	y were filed on September 8, 2006	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility 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)	N/A	
ATTION OF THE WARM CONTINUES TO A STREET THE PRESIDENT		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the new
Name of New Registered Agent: N/A		Ao.
		LAN A
New Registered Office Address:	Enter Florida street address	HASSEL
	, Florid	2 Zip ode
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	FLORID
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	ree to act in this capacity. I furthe e performance of my duties, and I provided for in Chapter 605, F.S.	r agree to comply with the am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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		
MGRM	Doyle, Char-nel	1957 Arrowhead Drive NE			
		St. Petersburg, FL 33703	□ Remove		
			☐ Change		
			Add		
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