

609000047300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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M. THOMAS  
JUL 14 2009  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TD'Z DISCOUNT FIREARMS & SAFETY PLANNING 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:

DONALD ZUGELDER

Name of Person

TD'Z DISCOUNT FIREARMS & SAFETY PLANNING LLC

Firm/Company

162 LANCER OAK DRIVE

Address

APOPKA, FLORIDA 32712

City/State and Zip Code

DZUG58@AOL.COM

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DONALD ZUGELDER

Name of Person

at ( 407 )

756-0650

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**

**TD'Z DISCOUNT FIREARMS & SAFETY PLANNING 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 MAY, 15, 2009 and assigned  
Florida document number L09000047300.

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 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)**

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**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*

\_\_\_\_\_, **Florida**

*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 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**

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>  |
|--------------|-------------------|---|--|
| MGMR         | PATRICIA ZUGELDER | 162 LANCER OAK DRIVE<br>APOPKA, FLORIDA 32712 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGMR         | DONALD ZUGELDER   | 162 LANCER OAK DRIVE<br>APOPKA, FLORIDA 32712 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                   |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated JULY 10, 2009

Donald Zugelder Patricia Zugelder  
 Signature of a member or authorized representative of a member  
DONALD ZUGELDER Patricia Zugelder  
 Typed or printed name of signee

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