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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:		RTIES, LLC	·	
	Name of Limi	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	GARY	DOSWELL Name of Person		
	G-TD PR	OPERTIES, L. Firm/Company	LC	
	478 E A	LTAMONTE I	DR :	
		City/State and Zip Code	-L 32701	
	dos weg E-mail address;	whotmail-cobe used for future annual report notifi	OIV cation)	
For further information cor	ncerning this matter, please ca	ılı;	•	
GARY D	PUSWELL	at (321) 356 Area Code Daytime	5 - 0202 Telephone Number	
Enclosed is a check for the	following amount:			
S25.00 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		<u>Street Address:</u> Registration Sec Division of Corp		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A1	florida Limited Lia	ibility Company)		
The Articles of Organization for this Limited Liabi Florida document number <u>L 100000 4 8</u>	lity Company w 544	ere filed on	65/08/20	10 and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liabili	ty company he	ere:	
The new name must be distinguishable and contain the words	s"Limited Liability	Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	DDRESS)			
				is a second
Enter new mailing address, if applicable:				Ţ
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	. .		
B. If amending the registered agent and/or regis agent and/or the new_registered office address he		dress on our r	ecords, <u>enter the na</u>	ime of the new registered
Name of New Registered Agent:	GARY	T DUSI	UELL, Tru	istee of the ABLETRUST
New Registered Office Address:	310 0	LYS TA	L POND /	?VE
_	DE	LAND City	, Florida	3 2 7 2 () Zip Code
New Registered Agent's Signature, if changing Regi	stered 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>	Address	Type of Action
			□Add
			□ Remove
			□Change
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		<u></u>	🗆 Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member