

L10000055425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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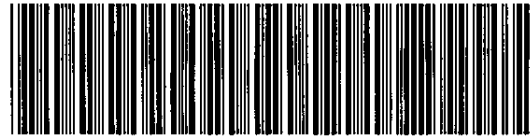
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TND CAPITAL  
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:

Dr. Craig Siegel  
Name of Person

TND CAPITAL  
Firm/Company

5174 Sandy Cove Ave  
Address

SARASOTA FL 34242  
City/State and Zip Code

ST.ST.SPINE@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr Craig Siegel at (941) 587-7322  
Name of Person 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

13 OCT 15 PM 12:03  
TALLAHASSEE, FLORIDA  
SECTION OF CORPORATIONS

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

TND Capital 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 \_\_\_\_\_ and assigned  
Florida document number L10 000655425.

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)

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:

Dr. Craig Siresel

New Registered Office Address:

5174 Sandy Cove Ave

Enter Florida street address

SAFESIDE

City

Florida

34242

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>
MGR	Susan Siegel	730 Siesta Key Circle	<input type="checkbox"/> Add
		Sarasota FL 34242	<input checked="" type="checkbox"/> Remove
MGR	State Street Spce	1379 McANISH SQ	<input type="checkbox"/> Add
		SARASOTA FL 34236	<input checked="" type="checkbox"/> Remove
MGR	Dr. CRAIG Siegel	5174 SANDY COVE AVE	<input checked="" type="checkbox"/> Add
		SARASOTA FL 34242	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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

OCT 8th, 2013

Signature of a member or authorized representative of a member

DR. CRAIG Siegel

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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