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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to F	iling Officer:	
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Office Use Only-



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12 MAY 16 AM 10: 4.9 SECKELLARY OF STATE ALL AHASSEE, FLORID

W. Confedera MAY T. A SOLK

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TEDD 1 UL 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:			
FEODRIO DIN VER			
Firm/Company			
235 INCON FD #310			
Address			
MHM FL 33139			
City/State and Zip Code City/State and Zip Co			
For further information concerning this matter, please call:			
at () Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & \text{S60.00 Filing Fee, } \\ \text{Certificate of Status & \text{Certified Copy (additional copy is enclosed)}} \text{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

FILED

12 MAY 16 AM 10: 49

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TEDO	1 UL	SECRETARY OF STATE
(Name of the Limited Liabil	ity Company as it now appears o a Limited Liability Company)	n our records AHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	and assigned
Florida document number 1/10000 3	78620	1
•		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
<u> </u>		
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Company,	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
•		
B. If amending the registered agent and/or reg		records, enter the name of the new
registered agent and/or the new registered office ac	<u>idress here</u> :	
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>Address</u> **Type of Action** <u>Title</u> Name NWA GARDLO ☐ Add Remove Remove ☐ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00