<u>L12000127048</u>

(Reque	estor's Name)
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
(Docur	ment Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



200261532522

06/23/14--01028--020 **25.00

B. BOSTICK
JUN 2 4 2014
FRAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

TD Group Realty Services 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:

Jose Antonio Alvarez II

Name of Person

TDGroup Inspection Services LLC

Firm/Company

9821 SW 130 Street

Addres:

Miami, FL 33176

City/State and Zip Code

jose@tdginspections.com

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

For further information concerning this matter, please call:

Jose Antonio Alvarez II

ູ,305、733-0681

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TD Group Realty Servi		
(<u>Name of the Lim</u>	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Florida document number L1200012704		04/12 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :
TDGroup Inspection Services LL	C	
The new name must be distinguishable and end with th	e words "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	E BOX)	4 1
		المحت
B. If amending the registered agent and	d/or registered office address on	our records, enter the name of the n
egistered agent and/or the new registered of	office address here:	
Name of New Registered Agent:	Jose Antonio Alvarez II	
New Registered Office Address:	9821 SW 130 Street	
•	Enter Floria	a street address
	Miami	, _{Florida} <u>33</u> 176
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
l hereby accept the appointment as register		
monicions of all statutes volating to the nuc	now and complete newformouses of n	no duting and I am familian with and

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	Jose Antonio Alvarez	5701 SW 107 Avenue Suite 202		
		Miami, FL 33173	■ Remove	
			 □ Add	
			☐ Remove	
			□ Remove	
			Add	
			Remove	
			Add 7	
			□ Remove	
	·		Add	
			Remove	

f amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
. —	
ffective he effective he date th	date, if other than the date of filing:
ated	ma Alle
	Signature of a member or authorized representative of a member Jose Anotnio Alvarez II
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00