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COVER LETTER

TO: Registration S Division of Co			
TDSL EN	TERPRISES LLC	,	•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	SANDRA LIBERATO		
		Name of Person	
	TDSL ENTERPRISES LI	.C	
		Firm/Company	
	1 EAST BROWARD BLV	D SUITE 700	
		Address	
	FORT LAUDERDALE F	1, 33301	
	SANDRALIBERATO@YN	City/State and Zip Code MAIL.COM	
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
SANDRA LIBERATO		954 6915160	
		at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
日 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 5 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration		Registration So	
Division of C P.O. Box 632		Division of Co The Centre of	•
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOSL ENTERPRISES LLCL12		1. 18.7-0 F	1: = 7
(Name of the Lim	ted Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) company)	
The Articles of Organization for this Limited I for the Indian Indiana I for idea of the Indiana	iability Company were file	ed on	and assigned
his amendment is submitted to amend the fol	lowing:		
a. If amending name, enter the new name of	of the limited liability con	apany here:	
he new name must be distinguishable and contain the	words "Limited Liability Compa	any," the designation "LLC" o	or the abbreviation "L.L.C."
inter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREI	ET ADDRESS)		
		7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)		
 If amending the registered agent and/or gent and/or the new registered office addre 		on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:	SANDRA LIBERATO		
New Registered Office Address:	1 Fast Broward Bouleva	ard Suite 700	
THE THE CONTRACT OF THE PARTY O	<u></u>	Enter Florida street address	
	Fort Lauderdale	, Flori	33301 ida
	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 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 accordence or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SANDRA LIBERATO	Address 1 Fast Broward Boulevard Suite 700	
		Fort Lauderdale FL 33301	
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
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CC at	(99/01/2020
ote:	we date, if other than the date of filing:
record Lis file	I 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 ed.
	09/01/2020
ated _	Signature of a member or authorized representative of a member

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