

L13 0000 54584

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(Address)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 APR 22 PM 1:07

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APR 23 2013

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: TD Realty Services LLC
Name of Limited Liability Company

2013 APR 22 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

DAVID LIPSICK
Name of Person

TD Realty Services LLC
Firm Company

6901 Okeechobee Blvd Ste. 54
Address

W. Palm Beach FL 33411
City, State and Zip Code

David Lipsick @ yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID LIPSICK at (561) 222-9841
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
2013 APR 22 PM 1:07

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TP RATH SERVICES LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
and assigned
4/15/13

The Articles of Organization for this Limited Liability Company were filed on
Florida document number L1300064584

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
"LLC."

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:
New Registered Office Address:
Enter Florida street address
City: Florida 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

If Changing Registered Agent, Signature of New Registered Agent

FILED

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

Address 2013 APR 22 PM 1:07 Type of Action

Title Name

mGRM DAVID LIPSICK

6901 Okeechobee S BLVD
 SUITE J 4
 WEST PALM BEACH, FL 33411

Add

Remove

Add

Remove

Add

Remove

Add

Remove

Add

Remove

Add

Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 4/20, 2013

Signature of a member or authorized representative of a member

LINDA POWELL

Typed or printed name of signer

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Filing Fee: \$25.00