

L13000082948 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

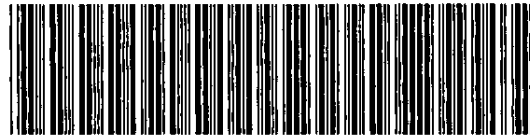
(Business Entity Name)

(Document Number)

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2013 AUG -7 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG - 8 2013

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **TLDI PROPERTIES, 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:

**P. TRISTAN BOURGOIGNIE, ESQ.**

Name of Person

**TRISTAN BOURGOIGNIE, P.A.**

Firm/Company

**1200 ANASTASIA AVE, #410**

Address

**CORAL GABLES, FL 33134**

City/State and Zip Code

**PTB@MIAMI-DROIT.COM**

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

For further information concerning this matter, please call:

**TRISTAN BOURGOIGNIE** at **305 200 0350**

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

SEAL FOR  
TALLAHASSEE, FL 32301

2013 AUG -7 AM 11:15

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**TLDI PROPERTIES, 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 JUNE 07, 2013 and assigned  
Florida document number L13000082948

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)

PINECREST PROFESSIONAL PLAZA

12390 SW 82 AVENUE

PINECREST, FL 33156

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

PINECREST PROFESSIONAL PLAZA

12390 SW 82 AVENUE

PINECREST, FL 33156

**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

\_\_\_\_\_, 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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MMGR	FRANCISCO FUENTES	9100 S. DADELAND BLVD	<input type="checkbox"/> Add
		SUITE 1500	<input checked="" type="checkbox"/> Remove
		PINECREST, FL 33156	
MGR	FRANCISCO FUENTES	12390 SW 82 AVENUE	<input checked="" type="checkbox"/> Add
		PINECREST, FL 33156	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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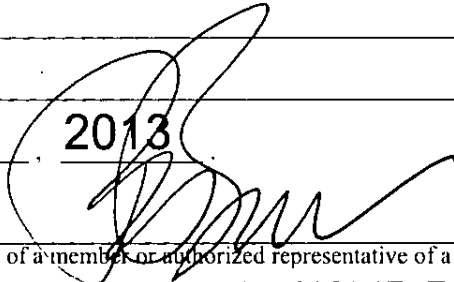
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2013 AUG - 7  
ATTN: 1: 15

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated **AUGUST 05**

**2013**



Signature of a member or authorized representative of a member

**P. TRISTAN BOURGOIGNIE, ESQ.**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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2013 AUG -7 AM 11:45  
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