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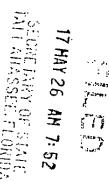
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COVER LETTER

Division of Corporations
SUBJECT: Things to Do Sarasuta 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:
Franklin R. Miller Name of Person T. D. A. Solutions LLC Firm/Company 1661 Ringling Blue # 1000 Address Sarasota, FL 34230 City/State and Zip Code t-dasolutions 11c D gmail-com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Franklin Miller at (941) 779-7426 Name of Person at (941) 779-7426 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate of St

MAILING ADDRESS:

TO:

Registration Section

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

Things to do Scrasotalle

(Name of the Limited (A	Liability Compan Florida Limited Li	y as it now appears on ability Company)	our records.)		
The Articles of Organization for this Limited Liab Florida document number <u>L1360012</u>		vere filed on <u></u>	06-201	3 and assign	ed
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the T.D.A. Solution. The new name must be distinguishable and contain the word.	s LLC	•	nation "LLC" or the	abbreviation "L.L.C.	71
Enter new principal offices address, if applicab			Solutions ngling 1310		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>	T.D.A. 1661 Ris	Solution Slu y PL 3	00566 1 = 100 4030=	 O
B. If amending the registered agent and/or registered agent and/or the new registered office			r records, <u>ente</u>	r the mande of 26 AH	¥***
Name of New Registered Agent: New Registered Office Address:	1661 1 Sac 10	Ringling 1 Enter Florida s	SIV L treet address Florida	3423c	
		Citv	,	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00