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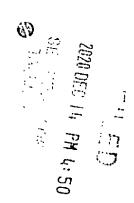
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## **COVER LETTER**

TO: Registration Se Division of Cor			No
	TONA, LLC		<b>.</b> ₹
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LIVIA COUTO-FERNAN	IDES	
		Name of Person	
	TDS DAYTONA, LLC		
		Firm/Company	
	910 JIMMY ANN DRIVE	#101	
		Address	
	DAYTONA BEACH, FL	32117	
		City/State and Zip Code	
	LIVIA@FLOORIDAPROS		
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
LIVIA COUTO-FERNA	NDES	386 275-8890	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address:	Nion
Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TDS DAYTONA, LLC		
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our recommed Liability Company)	ord <u>s.</u> )
The Articles of Organization for this Limited Liability Con	npany were filed on 05/14/2014	and assigned
Florida document number 1.14000077940		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
Principal office address MUST BE A STREET ADDRE.	(2.2)	2020 DEC
		-
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		こここと こうこうこう こうこう こうこう こうこう こうこう こ
		: 50
3. If amending the registered agent and/or registered o gent and/or the new registered office address here:	office address on our records, <u>ent</u>	er the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ANA CAROLINE KLEPSER	910 JIMMY ANN DR #101	<b>=</b> Add
		DAYTONA BEACH, FL 32117	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			□Add
		<del></del>	□Remove
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Effectiv	e date, if other than the date of filing: (optional)
	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
documer	it's effective date on the Department of State's records.
	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
ord is tiled	1.
n	ECEMBER 8TH 2020
Dated _	
Dated _	$A(G_{\bullet}) (A(G_{\bullet}) (A(G_{\bullet}))$
Dated _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00