L14000120821

(Re	equestor's Name)	
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G. HARVEY

DEC 08

EXAMINER

COVER LETTER

Div	ision of Cor						
SUBJECT:	TOTAL [DEVELOPMENT, LLC					
SUBJECT:		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		CLYDE JOHNSON					
			Name of Person				
		TOTAL DEVELOPM	IENT, LLC				
			Firm/Company				
		1330 82ND DRIVE \$	3 .				
			Address		<u>, m</u> (C)	1,4	
		WEST PALM BEAC	H. FL 33411			mand Till	
			City/State and Zip Code		13.53 13.53		
			TOTALDEVELOPMENTLL to be used for future annual report notif		m Chi	3	
For further in	nformation c	oncerning this matter, please co	•	icanon)	1807 1818	=	,
CLYDE J	OHNSON	I	561 308-0612			er)	
	Name o	f Person		Telephone Number	,		
Enclosed is	a check for th	ne following amount:					
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &		
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTAL DEVELOPMENT, LLC		
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L14000120821	vere filed on 08/01/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and end with the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		产品 本
Principal office address MUST BE A STREET ADDRESS)		A.A. 6
		1 22 F
Enter new mailing address, if applicable:		TO TO
Mailing address MAY BE A POST OFFICE BOX)		925 <u>-</u>
		L. A.
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:		the name of the
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name **Address Type of Action** ROBERT MALCOLM **AMBR** 3600 S STATE RD 7, SUITE 232 □ Add MIRAMAR, FL 33023 Remove **LEROY GORDON** AMBR 13370 DANIELS LANDING CIRCLE ☐ Add WINTER GARDEN, FL 34787 US Remove **AMBR OWEN DIXON** 9960 PINEAPPLE TREE DRIVE, #103 □ Add BOYNTON BEACH, FL 33436 US Remove □ Add · ☐ Remove ☐ Add ☐ Remove

- ROBERT MALCOLM	
- LEROY GORDON	
- OWEN DIXON	
	······································
ate this document is filed by the Florida Department of State)	(optional tor filed date and cannot be more than 90 days after
to this document is filed by the Florida Department of State) NOVEMBER 22	2014
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ate this document is filed by the Florida Department of State) d NOVEMBER 22	2014 G-E.

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE FALL AWAYSEE FOR STATE