114000153691

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200304083952

10/05/17--01001--022 **60.00

D. SCOTT OCT 6 2017

COVER LETTER

TO:	Registration Se Division of Cor					
cun ir	Todd Prope	erties, LLC				
SUBJEC	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Craig A. Todd				
			Name of Person			
			Firm/Company			
		7 Eastlake Dr.				
		Palm Coast, FL 32137	Address			
			City/State and Zip Code			
		toddpropertiesllc@att.net				
For furth	er information c	E-mail address: (oncerning this matter, please ca	to be used for future annual report notificall:	ation)	ET EF	~7
Craig A	. Todd		386 871-8538 at ()		<u>-</u> 5	
		f Person	Area Code Daytime 1	Celephone Number	ت ن و	
Enclosed	l is a check for th	he following amount:		-,	ر	
□ \$ 25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filin Certificate Certified C (additional co	of Status opy	

MAILING ADDRESS:

TO:

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

Todd Properties LLC

company has been notified in writing of this change.

_			
d assigned			
on "L.L.C."			
Palm Coast, FL 32137			
7 Eastlake Dr. Palm Coast, FL 32137			
ame of the			
- •			
ode*			
المد			

Craig Alexander Todd

If Changing Registered Agent, Signature of New Registered Agent

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 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
			Add
			□ Remove
			□ Change
			□ Add
			☐ Remove
			Change
			□ Add
			Remove
			□ Change
			☐ Add ☐ Remove
			□ Change
			□ Remove
			Change
			Add
			□ Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets .	,, y	<i>J•</i> /	
	· · · · · · · · · · · · · · · · · · ·			
			-	
				_
			-	
			•	
				
				 .
				_ _ _
				
		5 \$	~.2	
			邑	
Effec (If an e	tive date, if other than the date of filing:	(optional) 2.) Pursuant	مت (605.0207 to
Note:	If the date inserted in this block does not meet the applicable statutory filing requirem	ents, this date	e will not b	e listêd as t
docui	ment's effective date on the Department of State's records.	-1.	· T	
the re) Th	ecord specifies a delayed effective date, but not an effective time, at 1 ee 90th day after the record is filed.	l2:01 a.m.	on the	earlier of:
Dated	i,			
	<u>Craig Alexander Todd</u> Signature of a member or adthorized representative of a member	er		
	Craig Alexander Todd			
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00