

L15000191456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

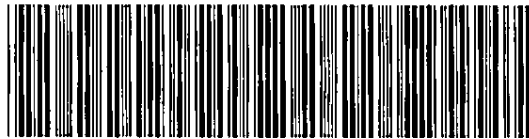
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2023 NOV 16 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
23 NOV 15 4:19:31

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$25.00

AUTHORIZATION SIGNATURE: 

TD MAD C'S, LLC L15000191456

BUSINESS (Name)

Document #

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☐ Mail out ☐ Will wait

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☐ Certified Copy of Articles

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**

AMENDMENTS

☒ Amendment
☐ Resignation
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ **Conversion**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

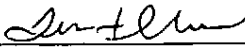
☐ APOSTIL () ☐
Country

☐ Other

EXAMINER'S INITIALS: ☐

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☐ APOSTIL () ☐

Country

☐ Other

EXAMINER'S INITIALS: ☐

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TD MAD C'S, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracey Codd

Name of Person

Firm/Company

2618 Lake View Blvd

Address

Port Charlotte, FL 33948

City/State and Zip Code

TCODD@expediacruises.com

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

For further information concerning this matter, please call:

Tracey Codd

941 716-5554
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

TD MAD CS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

23 April 15 4:19:32

The Articles of Organization for this Limited Liability Company were filed on 11/12/2015 and assigned
Florida document number L15000191456.

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 contain 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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Tracey Codd	2618 Lave View Blvd	<input checked="" type="checkbox"/> Add
		Port Charlotte, FL 33948	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
M/MGR	Daniel J Ganter	1284 Jacaranda Blvd	<input type="checkbox"/> Add
		Suite 2	<input checked="" type="checkbox"/> Remove
		Venice, FL 34292	<input type="checkbox"/> Change
M/MGR	Tracey Codd	2618 Lake View Blvd	<input type="checkbox"/> Add
		Port Charlotte, FL 33948	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 16, 2023

Nancy Codd
Signature of a member or authorized representative of a member

Tracey Codd

Typed or printed name of signee

Filing Fee: \$25.00