

Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : STEPHEN S. MATHISON, P.A.
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please:

Email Address: VAMAYA@MATHISONWHITTLES.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TD ASSET MANAGEMENT, LLC

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Electronic Filing Menu

Corporate Filing Menu

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MATHISON WHITTLES

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Fax Server



April 25, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TD ASSET MANAGEMENT, LLC
10310 TRAILWOOD CIR
JUPITER, FL 33458

SUBJECT: TD ASSET MANAGEMENT, LLC
REF: L16000078262

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H16000100399
Letter Number: 816A00008436

P.O BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TD ASSET MANAGEMENT, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 4/20/2016 and assigned
Florida document number L16001078262.

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 "LLC."

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

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

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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>
MGR	TERESA PALMER	10310 TRAILWOOD CIR	<input checked="" type="checkbox"/> Add
		JUPITER, FL 33478	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

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.

(b) The 90th day after the record is filed.

Dated APRIL 26, 2016

Signature of a member or authorized representative of a member

FREDERIC T. DEHON JR. - AUTH REF
Typed or printed name of signee

Typed or printed name of signee