Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SHUFFIELD LOWMAN Account Number : I20030000118 : (407)581-9800 Phone : (407)581-9801 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TDHOF, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |
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Electronic Filing Menu Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TDHOF, LLC | | |
|--|---|-------------------------------|
| (Name of the Limited Liability (A Florida I. | Company as it now appears on our records, imited Liability Company) | |
| The Articles of Organization for this Limited Liability Con Florida document number | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limite | ed 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 ADDRE | ESS) | 20 B |
| Enter new mailing address, if applicable: | | 20 5 |
| (Mailing address MAY BE A POST OFFICE BOX) | | 15 |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, <u>enter t</u> | he name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Flor | rida |
| | 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

(((H20000401463 3)))
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> | Name | Address | Type of Action |
|--------------|------------------|----------------------|-----------------|
| MGR | Hofmeister, Tom | 985 Club Hills Drive | \ |
| | | Eustis, FL 32726 | □Remove |
| | | | ⊟ Change |
| MGR | Hofmeister, Dawn | 985 Club Hills Drive | 🗆 Adđ |
| | | Eustis, FL 32726 | □Remove |
| | | | ⊞ Change |
| | | | bbA⊡ |
| | | | □Remove |
| | | | □ Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | Reniord |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | ☐ Change |

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| | The Company is to be managed by Managers. |
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| Note: | (optional) [rective date, if other than the date of filing: [rective date is fisted, 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) [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| e reco | rd 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 led. |
| Dated | November 20, 2020 |
| | Signature of a member or authorized representative of a member |
| | Signature of a incliner of authorizen representative of a member |