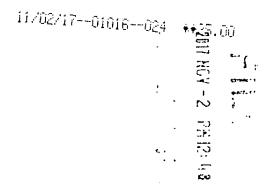
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COVER LETTER

Division of Corporations
SUBJECT: TDD Solutions LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tavis Lewis Name of Person
TDD Solutions LL
TDD Solutions LLC
1001 NW 62 nd St. St. 310,
Address
Fort Lauderdole F/ 33369 City/State and Zip Code
City/State and Zip Code Travo 51 @ aol. Com E-mail address: (to be used for future annual report notification)
1 ravo 51 @ aol. Com
rmaii address: (to be used for future annual report flootification)
For further information concerning this matter, please call:
Trovis Liewis at (954), 235-5052 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
••
Enclosed is a check for the following amount:
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (Certificate of Status & Certified Copy (additional copy is enclosed)

MAHJING-ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tullahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

AFTICLES OF AMENDMENT TO ART: CLES OF ORGANIZATION OF

TDD solutions L	-			
(Name of the Limite J Liability Compan (), Florida Limited Li	y as it now appears on our records.) lability Company)			
The Articles of Organization for this Limited Liability Company v Florida document number <u>L/6000/8047</u> 9	were filed on 9/27/2014	/ >a	nd assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil Key Health L The new name must be distinguishable and contain the words "Limited Liability"		abbreviat	tion "L.I.	C.:"
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		₹.	<u> </u>	
			<u> </u>	18 1,* 1
Enter new mailing address, if applicable:		٠	1 2	
(Mailing address MAY BE A POST OFFICE BOX)			हर ।सः	
		٠.	12	
			99	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.		er the n	<u>iame o</u>	<u>f the nev</u>
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:	Enter Florida street address			
	, Florida			
	Circ	Zio	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>	Name	Address	Type of Action
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			Remove
			Change
			Remove
			Change
			□ Remove
			□ Change
			□ Remove
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			- K3 :
			□ Remove · · · · · · · · · · · · · · · · · · ·
			Add
			□ Remove
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cument's effective date on the Departi	nent of state s records.					
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Page 3 of 3 Filing Fee: \$25.00