## 117000201533

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Ĉit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to		

Office Use Only



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## **COVER LETTER**

	tration Second Corp			
Tunurer.	TD PROP	ERTIES, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspo	ndence concerning this matter	to the following:	
		DAVID TILLMAN		
			Name of Person	
		TTD PROPERTIES, LLC		
		-	Firm/Company	<del></del>
		1720 SE 16TH AVENUE.	BLDG 100	
			Address	
		OCALA, FL 34471		
		DMOREY@TILLMANEN	City/State and Zip Code G.COM	
		E-mail address: ()	to be used for future annual report notif	ication)
For further info	ormation co	oncerning this matter, please co	ill:	
DEANNA MO	DREY		352 387-4540	
	Name of	Person		: Telephone Number
Enclosed is a c	heck for th	e following amount:		
■ \$25.00 Fili	ing 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:

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

TTD PROPERTIES, LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on	and assigned
Florida document number 117000201533		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
he new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<b>18</b>
		2 94 F
24		- 68F
Inter new mailing address, if applicable:	<del></del>	
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
3. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here  Name of New Registered Agent:		ter the name of the n
N. B. 1. 1007 A.H.		
New Registered Office Address:	Enter Florida street address	<del></del>
	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>	Name	Address	Type of Action
AMBR	JEFF MCPHERSON	1720 SE 16TH AVE, BLDG 100	■ Add
		OCALA. FL 34471	Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
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		<del></del>	☐ Change
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ective date, if other than effective date is listed, the date	the date of filing: must be specific and can	not be prior to date	of filing or more	option2 (option) than 90 days after fili	a <b>l)</b> ng.) Pursuant to 61	05.02(
<u>e:</u> If the date inserted in this	s block does not meet	the applicable s	atutory filing re	quirements, this da	ite will not be li	sted a
ument's effective date on the	: Department of State	s records.				
record specifies a delar he 90th day after the r		, but not an	errective time	e, at 12:01 a.m	n. on the ear	lier (
no sour day diter and i	ccord is riica.					
ed JUNE 5	20	018				
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(1/2)	/					
			x	member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00