U17000 240932

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Edomoso Littly, Flame)
(Document Number)
Certified Copies Certificates of Status
Consideration to Filling Officers
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor	ction porations			
eun iec	NAME CH				
SUBJEC	T:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	-		
	·	CLEOPHAT VILMEUS	·		
			Name of Person	 -	
TDA FINANCIAL SERVICES LLC					
Firm/Company					
13145 WEST DIXIE HWY					
			Address		
		NORTH MIAMI FL 3316	1		
		TDAFINANCIAL2018@G	City/State and Zip Code		
		E-mail address: (to be used for future annual report notif	ication)	
For furthe	er information co	oncerning this matter, please ca	all:		
CLEOPH	HAT VILMEUS		786 515-8020		
	Name o	f Person	at () Area Code Daytime	e Telephone Number	
Enclosed	is a check for th	ne following amount:			
■ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy cadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

**TAILING ADDRESS: STREET/COURIER ADDRI **ration Section Registration Section

of Corporations

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

TDA FINANCIAL SERVICES 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 11/22/2017 ____ and assigned Florida document number L17000240932 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TDA FINANCIAL AND TAX SERVICES LLC 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

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.

Cirv

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
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			□ Remove
			□ Change
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00