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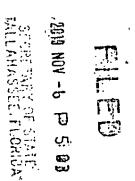
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Todman Realty Group 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:
Christine ladman Name of Person
Todman Management Group LLC.
7320 E Fletcher Ave
City/State and Zip Code  Christy and Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christine Todoway at 727 324 - 9651  Name of Person at 727 Baytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

#### **MAILING ADDRESS:**

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

	· ** <u>*</u>
Name of the Limited Liability Compar (A Florida Limited L.	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1800097983</u>	were filed on DH 108 2016 P and assigned  SECRETARY OF TARY MALLAHASSEE, FLOS. CA.
This amendment is submitted to amend the following:	and the second s
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:	roup LLC
(Principal office address MUST BE A STREET ADDRESS)	Jampa FL 33637
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7320 E. Fletcher Ave Trumpa, FL 33637
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address: 7320 1	E, Fletcher Ave Enter Florida street address
Tamp	1, Florida33637
	City Zin 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>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Add
			Remove
			☐ Change
			Add
		<del>.</del>	□ Remove
			☐ Change
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lf an efl <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	November 1st 2019
	Signature of a member or authorized representative of a member
	Chaistin's Jodman Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00