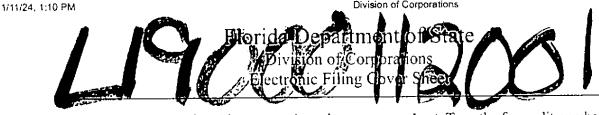
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HUY JACOB P.A. Account Number : I20210000156 Phone : (239)790-0123 : (239)317-6070 Fax Number

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

timmccoy24@gmail.com Email Address:__

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Page: 2 of 4

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000015962 3)))

	TD & T, LLC		
Name of the Limite	ed Liability Company as it now appears (A Florida Limited Liability Company)	on our records.	
The Articles of Organization for this Limited Lia Florida document number		April 24, 2019	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company her	<u>·e</u> :	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the de	signation "LLC" or the abl	reviation "IL.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE)	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)		
B. If amending the registered agent and/or reagent and/or the new registered office addres		cords, <u>enter the name</u>	e of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	9: 7
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing R	Registered Agent:		·
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this content.	er and complete performance of t stered agent as provided for in C registered office address, I hereb	my duties, and I am fo hapter 605, F.S. Or,	uniliar with and if this document is
	If Changing Registered Age	nt. Signature of New Reg	istered Agent

From: Suzanne Palumbo * Fax: 12397900123

To:

Fax: (850) 617-6383

Page: 3 of 4

01/11/2024 1:16 PM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H24000015962 3)))

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ТІМОТНУ М. МсСОУ	1911 KIRK TERRACE	🗆 Add
		MARCO ISLAND, FLORIDA 34145	□ Remove
			Change
MGR TIM KEANEY	242 DAN RIVER COURT	□Add	
	MARCO ISLAND, FLORIDA 34145	□ Remove	
		■ Change	
			🗆 Add
			□ Remove
			Change
		□Remove	
			☐ Change
			□Add
			Remove
			□Change
			□Add
		Remove	
			□Change

To.

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	Article IV is amended and restated in its entirety to:
	Article IV. Management of Company. The company shall be a manager-managed company. The names and
	addresses of the initial managers are:
	Timothy M. McCoy
	1911 Kirk Terrace
	Marco Island, Florida 34145
	Tim Keaney
	242 Dan River Court
	Marco Island, Florida 34145
an c ote:	tive date, if other than the date of filing: [Tective date is listed, 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.
	ord 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 filed.
atec	JANUARY 1 2024 Twictly M. M. Cay Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	TIMOTHY M. M.COV
	TIMOTHY M. McCOY