L19000150589

(Req	uestor's Name)	
(Add	ress)	
(Ádd	lress)	
(City	/State/Zip/Phone	
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

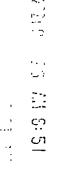
Office Use Only

A. RIVERS NOV 0 8 2021



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10/28/21--01021--002 **25.00



COVER LETTER

TO: Registration Se Division of Cor	ection propertions		•
	PERTIES, LLC		. *
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	TED LILLY		
		Name of Person	
	TDT PROPERTIES, LLC		
		Firm/Company	
	P.O. BOX 6956		
	<u>. </u>	Address	
	OCEAN VIEW, HAWAII	96737	
	WHEELSEA72@GMAIL.		
	E-mail address: (to be used for future annual report notif	fication)
For further information of	oncerning this matter, please c	all:	
TED LILLY		808 939-8016 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing 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 Addres Registration S		Street Address: Registration Sec	ction
Division of C P.O. Box 632	-	Division of Cor The Centre of T	=

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TDT PROPERTIES, LLC				
(Name of the Lim	ited Liability Company (A Florida Limited Lia	y as it now appears on a ability Company)	our records.)	
The Articles of Organization for this Limited I Florida document number L19000150589	Liability Company w	vere filed on JUIN 2	1, 2019	and assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liabili	ity company here:		
The new name must be distinguishable and contain the	words "Limited Liability	y Company," the designa	ation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if appli	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address.	registered office ad ess here:		ds, enter the name of	the new register
Name of New Registered Agent:	GARTH D. BON	INE I		· [2]
New Registered Office Address:	514 MAGNOLIA			<u> </u>
		Enter Florida st	reet address	125
	PANAMA CITY		, Florida _ ³²⁴⁰¹	©)
		City	Zi	ip Code 🚉 👢
New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	red agent and agree per and complete p gistered agent as pr rregistered office a	erformance of my covided for in Chap	luties, and I am famil ter 605, F.S. Or, if th	liar with and is document is

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>	<u>Address</u>	Type of Action
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

lf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	
	
If an el Note:	tive date, if other than the date of filing:
e reco rd is f	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.
Dated	OCTOBER 13
	Signature of a member or authorized representative of a member
	GARTH D. BONNEY
	Typed or printed name of signee

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