L19000 153961

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A. BUTLER NOV 1 9 2021

COVER LETTER

TO: Registration Se Division of Cor					
TGD Consu					
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Lynne Thall				
		Name of Person	 		
	TGD Consultants LLC				
		Firm/Company			
	1241 Overlook Rd				
		Address	112		
	Eustis FL 32726				
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			
	LynneThall@gmail.com				
		to be used for future annual	report notification)		
For further information of	concerning this matter, please c	all:			
Lynne Thall		321 228 at ()	3-8033		
Name o	of Person	Area Code	Daytime Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status &		
Mailing Addres		Street Ac			
Registration Division of C		_	Registration Section Division of Corporations		
P.O. Box 632	27	The Cer	ntre of Tallahassee		
Tallahassee,	FL 32314	2415 N	Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TGD Consultants LLC

2021 NOV - 8 - 41: 4: 2

(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 0	6/11/2019	STITE and assigned
Florida document number L19000153961	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :	
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 appl	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 addr	C.F	records, enter the	name of the new registe
Name of New Registered Agent:	Lynne Thall		····
New Registered Office Address:	1241 Overlook Rd		
		orida street address	
	Eustis	, Florid	a 32726
	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>	<u>Name</u>	Address	Type of Action
MGR	Lynne Thall	1241 Overlood Rd	■Add
		Eustis FL 32726	□Remove
AMBR Lynne Thall	Lynne Thall	1241 Overlook Rd	■ Add
		Eustis FL 32726	Remove
			□ Change
			
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			☐ Change
			□Add
			Remove
			□Change

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Note:	ive date, if other than the date of filing:
reco d is f	rd 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 led.
	November 4 2021
ated	
ated	
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00