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## **COVER LETTER**

Division of Corp	porations		
SUBJECT:	TDR De	evelopment ted Liability Company	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	David	Hodge Name of Person	
	TDR	Development Firm/Company	t, 22C
	P.O. Box 1096	Address	
	Elfers FL info@ E-mail address: (1	34680 City/State and Zip Code  # Ar Ae V, Com o be used for future annual report notit	ication)
For further information co	oncerning this matter, please ca		
Davick Name of	Hodge Person	at ( <u>727</u> ) <u>207-</u> Area Code Daytime	3640 Telephone Number
Enclosed is a check for th	e 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 ADDRESS:

TO

Registration Section

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**

(Name of the Limited Liability Comp	e lo oment 1	Z C
(A Florida Limited	Liability Company)	(((()()())
The Articles of Organization for this Limited Liability Company	y were filed on	$\frac{17-19}{}$ and assigned
Florida document number <u>L 1900C 1 58 66 I</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		11 KB 17
(Principal office address MUST BE A STREET ADDRESS)		<u>Σ</u> . ω η
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		ecords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street	address
		Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I haraby accept the appointment as registered agent and ag	ree to act in this capacity	: I further garee to comply with the

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>	Name	Address	Type of Action
MGR	Steven Yarborough	31626 Holcomb Pass	Add
		31626 Holcomb Pass Wesley Chapel, FL 335	Remove
			Change
			Add
			Remove
			🗅 Change
			🗆 Add
			□ Remove
			Change
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Note:	tive 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:
	e 90th day after the record is filed.
Dated	September 9 2019
	September 9. 2019.
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

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Filing Fee: \$25.00