## 000235314

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## **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:		ERTIES, LLC		
or bobe i.			ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		STEPHEN F. VOIGT, ES	Q.	
			Name of Person	
		VOIGT LAW GROUP, P.	Α.	
			Firm/Company	ifiling.  Avoing:  The of Person  The Company  Address  The annual report notification of future annual report notificatio
		2042 BEE RIDGE ROAD		
		· · · ·	Address	<del></del>
		SARASOTA, FL 34239		
		tim@tdfinancialinc.net	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For further in	iformation ec	oncerning this matter, please ca	aH:	
STEPHEN F	F. VOIGT			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

TD2 PROPERTIES, LLC (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 September 17, 2019 and assigned Florida document number <u>1.19000235314</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

 $Cm^{\circ}$ 

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	10/	/ / ` ` ` ` `	member or aut	horized represent	ative of a member	•	
	YLER R. DVOO						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00