LRC 0000 84243

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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC'	TD Jones G	=		
SUBJEC	1.	Name of Limi	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
		Toni Jones		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		TD Jones Group		
			Firm/Company	
		160 Corral Circle		
			Address	
		St. Augustine Fl, 32092		
			City/State and Zip Code	
		tdjonesgroup@gmail.com	to be used for future annual report notific	cation)
For furthe	r information co	oncerning this matter, please ca	·	,
Toni Jone	es		904 439-1191	
· 	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		<u>Street Address:</u> Registration Sect	ion

Division of Corporations

TO:

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TD Jones Group, 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 March 17, 2020 and assigned Florida document number L20000084243 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 "L.L.C." 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 , Florida ___ City

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

MGR = M $AMBR = A$	lanager .uthorized Member	e esta 🕽	
<u>Title</u>	<u>Name</u>	Address 2020 JUH -5 PH 6: 56	Type of Action
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_____ □Change

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	5/14/2020	
Effective date, if other than the date of fili	ng:	(optional)
fan effective date is listed, the date must be specific as Note: If the date inserted in this block does not	meet the applicable statutory filing require	
document's effective date on the Department of	State's records.	
	it an effective time, at 12:01 a.m. on the ea	arlier of: (b) The 90th day after the
e record specifies a delayed effective date, but no		
e record specifies a delayed effective date, but nord is filed.		
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rd is filed.		
Dated May 14	$\frac{2020}{20000000000000000000000000000000$	
Dated May 14		nber