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TND REALTY & RENTALS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DEANNA NEWMAN Name of Person TND REALTY & RENTALS LLC Firm/Company 935 BAREFOOT BLVD SUITE 7 Address BAREFOOT BAY, FL. 32976 City/State and Zip Code LEEANNLORITO@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OPHIELIA ANGELONE j at (_____) Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee. ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & S25,00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Registration Section

Division of Corporations

TO:

TO ARTICLES OF ORGANIZATION **OF**

TND REALTY & RENTALS LLC

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appermited Liability Company	ears on our records.) ')	
The Articles of Organization for this Limited Liability Cor Florida document number 120000144451		5/27/20	and assignc
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	<u>d liability company</u>	here: e designation "LLC" or tl	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the	e designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			S: 182
(Principal office address MUST BE A STREET ADDRE	<u> </u>		艺艺艺
			2 7
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office address on our	records, <u>enter the r</u>	name of the new reg
New Registered Office Address:	Enter F	lorida street address	
	City	, Florida	LZip Code
New Registered Agent's Signature, if changing Registered.	-		
Thereby accept the appointment as registered agent ar		is canacity. I fivether	· aoree to comply w
The term decely the approximent to regime ten agent in	a abier miller me		The state of the state of the state of

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ane accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
MGR	LEEANN LORITO	657 BREAKWATER TERR, SEBASTIAN, FL. 329	958 <u>■</u> A dd
			□Remov
			□Change
MGR	OPHELIA ANGELONE	709 WASHINGTON ST, SEBASTIAN, FL. 32958	[]Add
			≣Remove
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. If amending any other informati	ion, enter change(s) here: <i>i.</i>	Attach additional sheets, if necessary.)
<u> </u>		
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Effective date, if other than the officerive date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable	(optional) ate of filing or more than 90 days after filing.) Pursuant to 60 statutory filing requirements, this date will not be lis
the record specifies a delayed effective cord is filed.	date, but not an effective time.	at 12:01 a.m. on the earlier of: (b) The 90th day aft
Dated NOVEMBER 18	2020	
	, <u> </u>	
<u>'</u>	Signature of a member or authorize	a Mewma