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Certified Copies	_ Certificates of	Status
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2022 MAR -4 PM 2:21 SECRETARY OF STATE

A. BUTLER
MAR 14 2022

### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Total Center Name of Limi	LLC ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Bretele	Cightbourne Name of Person	
		Firm/Company	
	1003 Asbu	y Way D  Adoress	
	bayaton Beau	FL 3342L City/State and Zip Code	
	E-mail address: (1	eLeyhoocom to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca		,
Brokle Lig	Hourse Person	at ( <u>501</u> ) <u>860 –</u> Area Code Daytime	1208 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:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Total center	UC 2022 HAR -4 PH 2: 21	
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	vias if now appears on our records )	
The Articles of Organization for this Limited Liability Company w	ability Company)  SECRETARY OF STATE  TALLAHASSEE, FL  vere filed on	
Florida document number <u>L220002772L</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
Total Development	Center LLC.	
The new name must be distinguishable and contain the words "Limited Liability	y 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 ad agent and/or the new registered office address here:	Idress on our records, <u>enter the name of the new regis</u>	lered
Name of New Registered Agent:		
N. D. L. LOGG ALL		_
New Registered Office Address:	Enter Florida street address	_
	Florida	
	City Zip Code	_
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document i	

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>	<u>Address</u>	Type of Action
			🗆 Add
		, <del></del>	□Remove
			□Change
	<del></del>	<del></del>	□Add
			□Remove
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