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SEGRETARY OF STATE

2023 MAY 25 AM 8: 3

COVER LETTER

TO:	Registration Se Division of Co			
cup ic.	ATG Prop	erty Services LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Sofia Vasquez		
			Name of Person	
		ZenBusiness INC		
			Firm/Company	<u> </u>
		336 E. College Ave Suite	301	
			Address	
		Tallahassee, FL 32301		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		fulfillment@zenbusiness.co		
		E-mail address: (to be used for future annual report no	tification)
For furth	ner information o	concerning this matter, please c	all:	
c/o ZenBusiness INC			844 493-6249	
	Name o	of Person		ne Telephone Number
Enclose	d is a check for t	he following amount:		
■ \$2 5	.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 Addre		Street Address:	action
	Registration Division of C		Registration Se Division of Co	
	P.O. Box 633	-	The Centre of	-
	Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ATG Property Services LLC

2023 MAY 25 AM 8: 34

(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 02/23/2022	TALLAHASSEE STATE and assigned IDA
Florida document number 1.22000087363		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
TDA Property Services LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	.C" 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 a agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registered
agent and/or the new registered office address nere.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		Clorida
	City	Zip Code

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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□ Change
			□Add
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Mective date, if other th an effective date is listed, the lote: If the date inserted in ocument's effective date of	i this block doe	s not meet th	ne applicab	date of filing le statutory	or more than of the filing require	(option to the contract of the	filing.) Pu	arsuant to Il not be	o 605.020 : listed a
record specifies a delayed l is filed.	effective date, b	out not an ef	fective time	e, at 12:01 a	.m. on the ea	arlier of: (b)	The 9	Oth day	after the
ated		. 203	23	. •					
/s/ Timothy Cald	onder	re of a membe							