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SECRETARY OF STATE



COVER LETTER

TO: Registration Se Division of Cor		•					
	STRUCTIONS, LLC						
SUBJECT:	Name of Limi	ted Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Miguel Lulinski						
		Name of Person					
	Florida Management Propo	erty LLC					
		Firm/Company					
	19300 W Dixie Hwy, Suite	: #4					
		Address					
	Miami, Fl. 33180						
		City/State and Zip Code					
	nbgrealty@gmail.com		 				
	E-mail address: (to be used for future annual report noti	itication)				
For further information c	concerning this matter, please co	ill:					
Miguel Lulinski		305 300-0303 at ()					
Name c	of Person	Area Code Daytim	ne Telephone Number				
Enclosed is a check for t	he 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)				
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sc	ection				
Division of C		Division of Corporations					
P.O. Box 632 Tallahass <i>ee</i>		The Centre of T	Fallahassee be Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TED CONSTRUCTIONS, LEC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on 07/072022	and assigned
Florida document number L22000303426	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
TLD CONSTRUCTION, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2022 T
(Principal office address MUST BE A STREET ADDR	<u> </u>	ACRE S
		<u>></u>
		ARY OF
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		Call
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the f</u>	name of the new registered
agent and or the new regimeness areas		
Name of New Registered Agent:		
New Registered Office Address:		
new meginered without makes.	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 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>	<u>Address</u>	Type of Action
			□Add
			☐Remove
			□ Change
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an effective date is listed, the date must ote: If the date inserted in this blo	be specific a ck does not	ind cannot be timeet the a	e prior to da applicable	ite of filing o statutory f	or more than Hing requi	90 days after ements, this	filing.) Pursua: date will not	ni to 602 i be list	5.0200 ed as
ocument's effective date on the De	partment of	f State's rec	cords.						
record specifies a delayed effective	date but n	ot an effect	tive time	at 12:01 a	m on the e	arlier of: (b)	The 90th o	lav afte	r the
is filed.								•	
July 12th		2022		//					
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