LZ3000Z48Z94

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



100409999961

SECRETARY OF STALE



COVER LETTER

TO:	Registration Division of C					
SUBJE	CT: TDC Not	ary Services, LLC				
SOBJE	CI:	Name of L	imited Liability Company			
The enc	losed Articles (of Amendment and fee(s) are so	ubmitted for filing.			
Please re	eturn all corres	spondence concerning this matte	er to the following:			
		Tiffany D. C	<u> </u>			
			Name of Person			
		TDC Notar	y Services, LLC			
			Firm/Company	 		
3745 Chasing Falls Rd.						
Address						
		Orange Pa	ark, Florida 32065			
City/State and Zip Code Tiffany@tdcnotaryservicesllc.com						
		E-mail address	(to be used for future annual report no	ufication)		
For furtl	her information	n concerning this matter, please	eall:			
Tiffany D. Campbell		npbell	at (_561) 420-526	60		
Name of Person				me Telephone Number		
Enclose	d is a check for	r the 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			Street Address: Registration So	ection		
Division of Corporations			Division of Co			
P.O. Box 6327		327	The Centre of	Tallahassee		
	Tallahassec	e, FL 32314	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Compa Florida Limited I	ny as it now appe	ars on our records.)		
	manify Company)		
lity Company	were filed on _	May 22, 2023	and assigned	
ng:				
e limited liabi	ility company	<u>here</u> :		
s "Limited Liabil	ity Company," the	designation "LLC" or the a	bbreviation "L.L.C."	
e:	#1340			
(DDRESS)	2285 Kin	gsley Ave. Ste. A		
	Orange P	ark, Florida 32073		
	#1240			
\ \1		aslev Ave Ste A		
Mailing address MAY BE A POST OFFICE BOX)				
stered office a <u>ere</u> :	address on our	records, enter the nan	ne of the new regist	
Registered	d Agents In	IC	SSEY 5	
7901 4th			70 3	
	F7 *74	orida street address	- F-1/2 32 1	
- 1	ng: e limited liab s "Limited Liabil e: ADDRESS) stered office a ere: Registere	e limited liability company less "Limited Liability Company." the e: #1340 2285 King Orange P #1340 2285 King Orange P #1340 2285 King Orange #1340 Expression of the address on our ere: Registered Agents In	rig: e limited liability company here: settimited Liability Company." the designation "LLC" or the algorithm of the signation "LLC" or the algorithm of the signature of the signatu	

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 Changing Registered Agent, Signature of New Registered Agent

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	
• • • • • • • • • • • • • • • • • • • •	
434DD = 4(b ' 1.34 1	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			∃Add
			□Remove
			□Change
			□Add
			□ Remove
			☐ C'hange
			☐Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
		<u> </u>	□Change
			∃Add
			□Remove
			□Change

Filing Fee: \$25.00

Typed or printed name of signee