## L23000453119

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
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(Document Number)
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2023 OCT 23 AH 9: 55 SECRETARY OF STATE TALLAHASSEE, FL

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## **COVER LETTER**

		Corporations		<b>:</b> •	•	•	•.
arb 10	TDR F	lorida					
SUBJE	C1:	Name of Lim	nited Liability Company				
The enc	losed Article	s of Amendment and fee(s) are sub	omitted for filing.				
Please r	eturn all corr	espondence concerning this matter	to the following:				
		Ronald J Wilkins					
			Name of Person		<del></del>	_	
		TDR Florida					
			Firm/Company			_	
		11938 Charlton Ln					
			Address			<b></b>	
		Orlando, FL 32827					
			City/State and Zip Code			_	
		Ron@wilkinsservice.com		2178	<del> </del>		
			to be used for future annual report	notification	.)	<u>်</u>	
For furt	her informati	on concerning this matter, please c	all:			IZ3 ( ECA	
Ronald	J Wilkins		352 460 765	5		2023 OCT 2 SECRETAL TALLAM	القي
	Na	me of Person		ytime Telep	hone Numbe	23 AM	m
Enclose	d is a check	For the following amount:				9: 55 STATE	
■ \$25	5.00 Filing Fo	e   S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		Certified	Filing Fee, ate of Status &	

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

TDR Florida		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compa	any were filed on September 27, 2023	and assigned
Florida document number L23000453119		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>	
		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	<u>Σ</u> Σ ω !
		SO B
		STA 9
B. If amending the registered agent and/or registered offi	ice address on our records, enter the na	me of the new register
ngent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin 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
MGR	Patricia A Loubier	11938 Charlton Ln	□Add
		Orlando, FL 32827	□Remove
			<b>■</b> Change
			□Add
			□Remove
			⊒Change
		<u> </u>	
			SEC SEE AND SEE SEE
			SSET AL STATE STATE OR Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
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Rosellt W. Ibi.	l is filed			
Signature of a member of a member	ated	,,		
Signature of a member of authorized representative of a member		Bandle 1.06.		