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COVER LETTER

TO: Registration Section Division of Corporations					gan Gan	ě.	
SUBJEC	CT:	TKD Prope	rty Management, LLC	,			
JOBOL.	.		Name of Lim	ited Liability Company			
The encl	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn	all correspon	ndence concerning this matter	to the following:			
			Taylor Di Sarro				
				Name of Person			
				Firm/Company			
			4950 Golden Gate Pkwy	Address			
			No. 21 24114	Additos			
			Naples FL 34116	City/State and Zip Code			
			tkdisarro@gmail.com				
For furth	ner in	formation co	E-mail address: () oncerning this matter, please ca	to be used for future annual real!:	eport notification)	, , , , , , , , , , , , , , , , , , , ,	
Taylor I	Di Sa	ırro		at (239) 249.	2694	. i 1	•
		Name of	f Person	Area Code	2694 Daytime Teleph	none Number	: :
Enclosed	d is a	check for th	ne following amount:				.;
■ \$25	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		ling Addres		Street Ade			
Registration Section Division of Corporations					tion Section of Corporation	ons	
). Box 632			tre of Tallaha		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TKD PROPERTY MANAGEMENT, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 02/22/2024	and assigned
Florida document number 1,24000093534		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		. 2
		3
 If amending the registered agent and/or registered off agent and/or the new registered office address here: 	ice address on our records, enter the	e name of the new register
		 ,
Name of New Registered Agent:		 ;
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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
MGR	TAYLOR DI SARRO	18215 BARUCH DR. FORT MYERS, FL 33967	= Add
		· 	□Remove
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		02/27/202			. ;	2223
Effective date, if	other than the date	of filing: 02/27/202	4	(option	nal)	1 10.605,0207
f an effective date is: Note: If the date is	listed, the date must be sp nscrted in this block de	oecific and cannot be pric oes not meet the appli	or to date of filing or m icable statutory filin	ore than 90 days after fi	ling.) Pursuant	be listed as
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