

LI8 000 182 941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

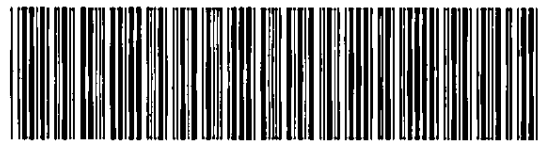
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/17/18--01058--011 **30.00

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18 OCT 17 PM 6:08
STATE OF ARIZONA
CLERK OF SUPERIOR COURT

OCT 29 2018
T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TT of NFS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matt Joffe
Name of Person

TT of NFS LLC
Firm/Company

SOS S. Flagler Dr # 700
Address

West Palm Beach FL 33401
City/State and Zip Code

mjoffe@totalwarrantyservices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenny Guittar at (561) 655 8900
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TT OF NFS LLC
(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 7/30/18 and assigned Florida document number 218000182941

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 Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

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 Changing Registered Agent, Signature of New Registered Agent

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TT OF NFS LLC

(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 7/30/18 and assigned Florida document number L18000182941

This amendment is submitted to amend the following:

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The new name must be distinguishable and contain the words "Limited Liability 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)

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OCT 17 PM 6:08
TALLAHASSEE, FLORIDA
STATE SECRETARY OF TREASURY

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>Terry Taylor</u>	<u>505 S Flagler Dr</u> <u># 700</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		<u>West Palm Beach FL</u> <u>33401</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Matt Joffe</u>	<u>505 S Flagler Dr</u> <u># 700</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		<u>West Palm Beach FL</u> <u>33401</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Matt Modist</u>	<u>505 S Flagler Dr</u> <u># 700</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		<u>West Palm Beach FL</u> <u>33401</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Steve Terry</u>	<u>505 S Flagler Dr</u> <u># 700</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		<u>West Palm Beach FL</u> <u>33401</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Robert Thomas</u>	<u>505 S Flagler Dr</u> <u># 700</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		<u>West Palm Beach FL</u> <u>33401</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Lane Taylor</u>	<u>505 S Flagler Dr</u> <u># 700</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		<u>West Palm Beach FL</u> <u>33401</u>	<input type="checkbox"/> Change

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 STATE OF FLORIDA
 CLERK OF THE COURT
 1000 BANKERS BUILDING
 TALLAHASSEE, FL 32301

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>	<u>Type of Action</u>
<u>AMBR</u>	<u>Terry Taylor</u>	<u>505 S Flagler Dr</u> <u># 700</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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		<u>West Palm Beach FL</u> <u>33401</u>	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

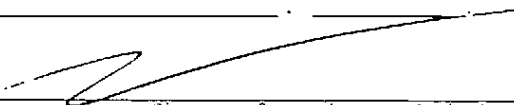
Multiple horizontal lines for amending information.

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STATE OF NEW YORK
RECORDS & CLERK

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____



Signature of a member or authorized representative of a member

MATT SOFFE

Typed or printed name of signee