117000231420

(Req	uestor's Name)	
(Add	ress)	
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(City.	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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August 28, 2018

T-K PERFORMANCE EXHAUST LLC THEODORE CAPUANO 185 BELCHER RD S LARGO, FL 33771

SUBJECT: T-K PERFORMANCE EXHAUST LLC

Ref. Number: L17000231420

We have received your document for T-K PERFORMANCE EXHAUST LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 118A00017878

RECEIVED SEP 0 6 2018

COVER LETTER

SUBJECT: T-X	Performance Ext Name of Limite	rough LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	Themore	Charco	
	11100010	Copuco Name of Person	
	 11 O O	a 1	
	1-16 rectorn	rim/Company	<u> LLC</u>
		Firm/Company	
	185 Prehhe	v Rd 5	
	185 Bektre	Address	
	hargo FL	33771	
		City/State and Zip Code	C > 44
	+Kpertormar	City/State and Zip Code Ce . ex @ gmail . o be used for future annual report notific	(OM)
	* E-mail address: (to	o be used for future annual report notific	cation)
For further information cor	ncerning this matter, please cu	11:	
V		711 990.9	২ ৭৭)
Katrina (a	<i>काळा</i>	at (71 C) 990 · 8	Telephone Number
Name of t	rerson	Area Code Dayana	Telephone (tuno e
Enclosed is a cheek for the	following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
_	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		Chamiltonian cobi. In che massay	(additional copy is enclosed)

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

STREET/COURIER ADDRESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
10 SEP -C
TALLAHASSEE, FLORIDA
SEE, FLORIDA

T-K Performance Exhau	St LLC MILAMASSIFE STATE
(Name of the Limited Liability Compa (A Florida Limited	St LLC inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L17000331420	were filed on November 8th 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (District Contains the Contains the words "Limited Liabi	T-K Performance Exhaust LLC 185 belcher Rd S
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	Largo FL 33771 185 Belcher Rd S
(Mailing address MAY BE A POST OFFICE BOX)	Largo FL 33771
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	office address on our records, enter the name of the new re:
Name of New Registered Agent:	

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

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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 Type of Action <u>Address</u> Title Name Robert E Benincasa 1528 Tuscaloosa Ave NIGR ☐ Change □ Add _□ Remove _□ Change ☐ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove _□ Change

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Page 3 of 3

Filing Fee: \$25.00