# \_0300003347

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5/18/23 V:LN



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### **COVER LETTER**

### TO: Registration Section Division of Corporations

TGG Development L Name of Limited Liability Company , LLC SUBJECT:

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

Please return all correspondence concerning this matter to the following:

Michael L. Hentile Name of Person The Gentile Group, LLC 14310 N. DAle Mabry Huy TAMPA, FL 33618 City/State and Zip Code <u>E-mill address:</u> (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael L. Gentile at (813) 999-1011 Area Code Davime 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) V S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company (A Florida Limited Liability Company)	CNT, LLC
( <u>Name of the Limited Liability Cooligan</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number $\_L9300003347$	were filed on $11 - 16 - 2005$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabil</u> <u>Sentile FAmily</u> The new name most be dustinguishable and contain the words "Limited Liabilit	ity company here: NUC, LLC by Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STREET ADDRESS)</u>	
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	-NA-
New Registered Office Address:	Enter Florida sucet address

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.

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The Changing Registered Agent, Signature of New Registered Agent

, Florida \_

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address NA-	Type of Action
			🗌 Add
			🖸 Remove
			□Change
			🗆 Add
		·	
			□Change
			🖸 Add
			Change
			🗆 Add
			🗆 Change
			🖸 Add
			ΩRemove
			DChange
			🗆 Add
			🗆 Remove
			🗍 Change

# - NA -

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

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 <u>5/2/23</u> Mulaund Jelustle	
Signature of a member or authorized representative of a member	
WICHCELL Jentile	