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500213938195

11/03/11--01039--004 \*\*541.25

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

NOV 14 2011

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RENOVATION, LLC  
Name of Limited Liability Company

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TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

JoAnn Perry  
Name of Person  
RENOVATION, LLC TIN LAND, LLC  
Firm/Company  
~~2408 ANN BROOK CT~~ 412 S. Main St.  
Address  
Brooksville, FL 34601  
~~NEW FORT KITCHEN, FL 34655~~  
City/State and Zip Code  
jperry@tampabay.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JoAnn Perry at 352 279-2991  
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

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L07000059199**

1. Limited Liability Company's Name

**RENOVATION, LLC.**

**600213967956**  
11/03/11--01039--004 \*\*541.25  
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

**2408 ANN BROOK CT.**

Suite, Apt. #, etc.

3. Mailing Office Address

**2408 ANN BROOK CT.**

Suite, Apt. #, etc.

City & State

**NEW PORT RICHEY, FL**

Zip

Country

**34655 USA**

City & State

**NEW PORT RICHEY, FL**

Zip

Country

**34655 USA**

4. State/Country of Formation

**FLORIDA / USA**

5. Date Organized or Qualified  
To Do Business in Florida

**6/5/07**

6. FEI Number

**20-0300562**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name **JOSEPH. F. VALZ**

Street Address (P.O. Box Number is Not Acceptable)  
**710 - 94th AVE #302**

Suite, Apt. #, Etc.

City **ST. Petersburg**

State  
**FL**

Zip Code  
**33702**

E-mail Address:

**jperry@tampabay.rr.com**  
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Joseph F. Valz*

Date **11-2-11**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JOHN V. NGUYEN	2408 ANN BROOK CT.	NEW PORT RICHEY, FL 34655

**REINSTATEMENT**  
**2009-2011**

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

*John V. Nguyen*

Date **11-2-11**

Daytime Phone # **727-687-7881**

Typed or printed name of signing Managing Member/Manager

**JOHN V. NGUYEN**

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

RENOVATION, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6-5-07  
Florida document number L07000059199

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TN LAND, LLC

The new name must be distinguishable and end with 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)

2100 35th ST. NORTH  
St. Petersburg, FL  
33713

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2100 35th STREET NORTH  
St Petersburg, FL  
33713

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:

JOANN E. PERRY

New Registered Office Address:

412 S. MAIN ST

Enter Florida street address

Brooksville

Florida

34601

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 608, 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.

Joann E. Perry  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	THIEN VAN-DANG	2100 35th ST NORTH. St. Petersburg, FL 33703	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
M	JENNIFER THI-LY	8526 Northon Groves Blvd Odessa, FL 33556	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JOHN V. NGUYEN	2400 Annbrook Ct. NEW Port RICHEY, FL 34655	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

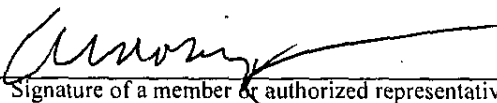
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Dated 11-2, 2011



Signature of a member or authorized representative of a member

JOHN V. NGUYEN

Typed or printed name of signee