

L07000086059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

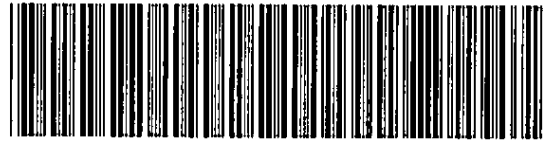
Certified Copies _____ Certificates of Status _____

Tracking Number 900364296389 was rejected and assigned
W21000056508 because the name was not available and titles
were wrong. This filing is still in rejected status.

Special Instructions to Filing Officer:

This does not belong to L07000086059. 06/22/2022 dcc

Office Use Only



400365006984

04/28/21--01013--025 **25.00

2021 JUN 21 PM 3:32
FILED
VOID

JUL 02 2021

I ALBRITTON

Amend
Name
chg



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2021 JUN 24 4:11:48
VOID
REL. CONTROL

June 10, 2021

FRANK FARINELLA
877 N HWY A1A #701
INDIALANTIC, FL 32903

SUBJECT: TNT PROPERTIES L.L.C
Ref. Number: W21000056508

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document number provided was for a rejected filing on 4-25-2021. Please provide the correct filing number assigned to your company.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 421A00012915

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

2021 JUN 24 PM 3:32
FILED
VOID

TNT Properties L₁LC₁

(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 4/16/21 and assigned
Florida document number ~~W210000000000~~ 407000086059

This amendment is submitted to amend the following:

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

TNT FL Homes LLC

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

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

VOID Type of Action

<u>Title</u>	<u>Name</u>	<u>Address</u>	
MGR	Frank A Farinella Jr.	877 N HWY A1A #701 Indialantic, FL 32903	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Tanganyika Tunstall	905 Barbara Jenkins St. Cocoa, FL 32922	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

VOID

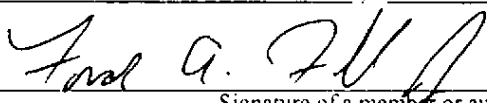
E. Effective date, if other than the date of filing: 4/26/2021 (optional)

(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 April 26th, 2021



Signature of a member or authorized representative of a member

Frank A Farinella Jr.

Typed or printed name of signer