

LO9000114244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

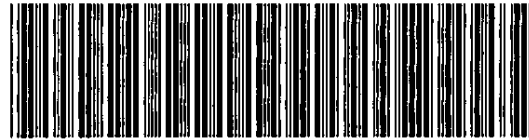
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 29 2017

J SHIVERS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TONEY ROB NC LIMITED LIABILITY COMPANY  
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:

DALE TONEY  
Name of Person  
TONEY DRILLING SUPPLIES, INC.  
Firm/Company  
14060 N.W. 19 AVENUE  
Address  
MIAMI FL 33054  
City/State and Zip Code  
TDS102@TONEYDRILLING.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DALE TONEY at ( 305 ) 685-2453  
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**

TONLEY ROB NC LIMITED LIABILITY COMPANY

(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 11-30-2009 and assigned Florida document number L09000114244.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:**

N/A

**New Registered Office Address:**

Enter Florida street address

City, Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TONY, ROBERT C.	14060 NW 19 AVE	<input type="checkbox"/> Add
		OPA LOCHA, FL	<input checked="" type="checkbox"/> Remove
		33054	<input type="checkbox"/> Change
MGR	TONY, JANE	14060 NW 19 AVE	<input type="checkbox"/> Add
		OPA LOCHA, FL	<input checked="" type="checkbox"/> Remove
		33054	<input type="checkbox"/> Change
MGR	TONY, DALE A.	14060 NW 19 AVE	<input checked="" type="checkbox"/> Add
		OPA LOCHA, FL	<input type="checkbox"/> Remove
		33054	<input type="checkbox"/> Change
MGR	TONY, LISA B.	14060 NW 19 AVE	<input checked="" type="checkbox"/> Add
		OPA LOCHA, FL	<input type="checkbox"/> Remove
		33054	<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

[illegible]

(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)

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.

Dale Forey  
Signature of a member or authorized representative of a member

DALE A. TONER  
Typed or printed name of signee

17 JUN 26 AM 7:07  
SECRETARY OF STATE  
WASHINGTON, FLORIDA