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(Address)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
NOV -7 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TODD'S TUNES & TINTING LLC

\_\_\_\_\_  
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:

TODD YEAGER

\_\_\_\_\_  
Name of Person

TODD'S TUNES & TINTING LLC

\_\_\_\_\_  
Firm/Company

1414 13TH STREET

\_\_\_\_\_  
Address

SAINT CLOUD, FL 34769

\_\_\_\_\_  
City/State and Zip Code

TODDYEAGER1976@YAHOO.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TODD YEAGER

407 709-1021  
\_\_\_\_\_  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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2017 NOV -6 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
(S)

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

***(Mailing address MAY BE A POST OFFICE BOX)***

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

*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.*

Page 1 of 3

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>                      |
|--------------|--------------|------------------------|--|
| MGRM         | COREY YEAGER | 1414 13TH STREET       | <input type="checkbox"/> Add               |
|              |              | SAINT CLOUD, FL. 34769 | <input checked="" 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            |
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|              |              |                        | <input type="checkbox"/> Change            |
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|              |              |                        | <input type="checkbox"/> Remove            |
|              |              |                        | <input type="checkbox"/> Change            |

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

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 10/31/2017 (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 OCTOBER 31, 2017



Signature of a member or authorized representative of a member

TODD YEAGER

Typed or printed name of signee