1-11000085612

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EFFECTIVE DATE 05-01-14



B. BOSTICK
MAY 1 ? 2014
EXAMINER

COVER LETTER

TO: Registration Security Division of Corp.		•		
Shirle	y,Simon & As	sociates, L	LC	
SUBJECT: OTHER		ted Liability Company		
	Amendment and fee(s) are submodence concerning this matter	•		
	Matthew Sin	non		
		Name of Person		
	Shirley,Simo	n & Associ	iates,LLC	
		Firm/Company		
	4951-B Adaı	mo Dr #216	3	
		Address	-	***************************************
	Tampa, FL 3	33605		
		City/State and Zip Code	•	(22)
	matthewjsimonjr	yahoo.com to be used for future annua	l report notification)	
For Condition of Comments			n report nonneation)	
	oncerning this matter, please ca		- 4 4 7 4 0 0	}
Matthew Si	mon	_{at} (813 ₎ 5	514-7102	
Name o	f Person	Area Code	Daytime Telephone	Number 5
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is er	nclosed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	ING ADDRESS:		ET/COURIER ADDRI	ESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shirley, Simon & Associates, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L11000085612</u> .	ny were filed on 7/25/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
TNT Liquidating LLC		
The new name must be distinguishable and end with the words "Limited I	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)	· · ·	(a)
		J. 7
		: 1
Enter new mailing address, if applicable:	W-1 (Market 1997)	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		. 0
		\frac{1}{2}
		. (3
B. If amending the registered agent and/or registered registered agent and/or the new registered office address has been addressed agent.		r the name of the ne
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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

Title	uthorized Member Name	<u>Address</u>	Type of Action
			Remove
			□ Add
		·	Remove
			<u>_</u>
		•	Add
			□ Remove
			Remove
		· - · · · · · · · · · · · · · · · · · ·	
			Add
			Remove
			T Add
			Add
		****	LA REHIOVE

n amending any other information, enti-	er change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of f (The effective date must be specific, cannot be prior the date this document is filed by the Florida Depar	to date of receipt or filed date and cannot be more than 90 days after
_{Dated} May 1st	2014
notth) Jan
•	of a member or authorized representative of a member
Matthew Simon	
	Typed or printed name of signee

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Filing Fee: \$25.00